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HomeJournal

JULY 2004



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h Hill and Bette Midler

What Your Kiss Style Says About Your Love Life

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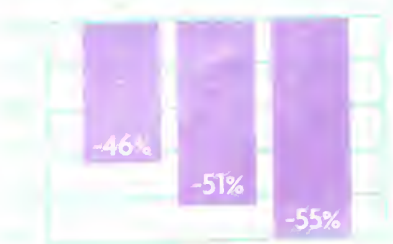
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June 26 Maryland SoccerPlex at Germantown Recreational Park, Germantown, MD

July 3 Freedom Park, Sterling Heights, MI

July 10 [illegible] at Blue Hills Reservation, Milton, MA

July 17 [illegible], Alpharetta, GA

July 24 [illegible]

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Bring your Dodge vehicle registration to the event check-in tent and receive preferential VIP seating for you and your family (maximum of 6 people per vehicle registration).

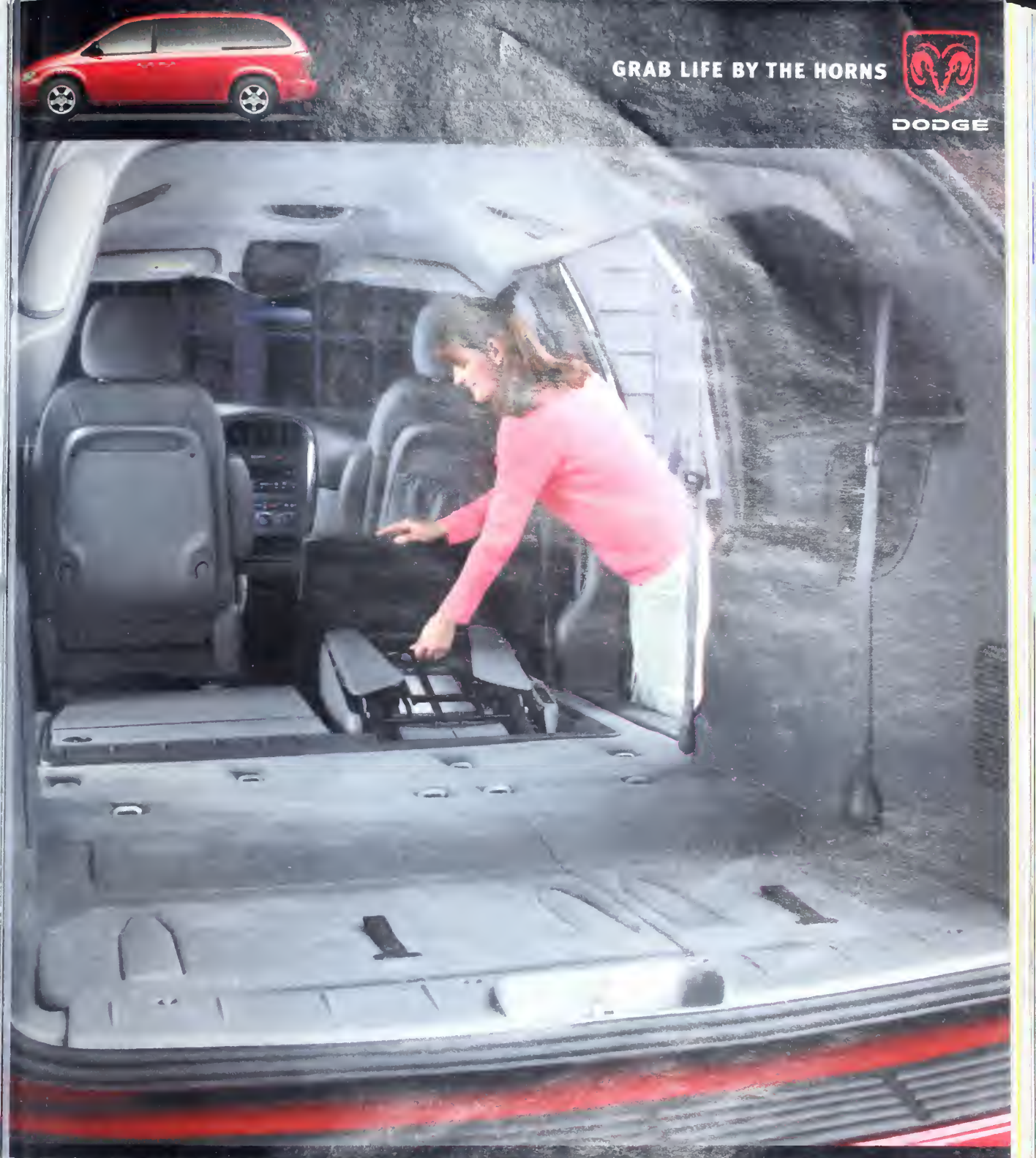
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*first [illegible] people that register, maximum two free bags of popcorn per family while supplies last



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- 1/4 cup granulated sugar
- 1/2 teaspoon vanilla extract
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- 1/3 cup milk
- 1 (6 oz.) pre-baked graham cracker crust
- 2 cups whipped cream
- Love, trust, [illegible]

BEAT cream cheese, sour cream and sugar in large bowl with mixer until well blended. Add vanilla extract. Add mousse mix and milk; beat 3 min. Spoon into crust.

REFRIGERATE 4 hours or until set. Top with whipped cream.



Find more award-winning recipes at BetterCrossedMeals.com! Plus, visit [illegible] for an exciting sweepstakes offer.

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O·P·I

welcome



Who is the mysterious man in the photo below, right? It's Scott Yardley, *Ladies' Home Journal*'s creative director, and every month, he leads a visual team that gives the magazine—from front cover to back and every page in between—its distinctive, lush, sophisticated yet accessible look.

Scott functions as orchestra leader on cover shoots, and this month's cover—an exclusive with the four stars of *The Stepford Wives*—is one that he's particularly proud of. Photographed by the incomparable Brigitte Lacombe, wrangled by *Ladies' Home Journal* entertainment editor Laura Brounstein, with all manner of detail assembled by photo director Marybeth Welsh Dulany, the cover and all its elements come together in Scott's talented hands. "It was an incredible experience to have such star power in one room," he says. "All four women couldn't have been more gracious and giving."



Ladies' Home Journal creative director Scott Yardley

I feel sure you'll enjoy the interviews as well, which begin on page 106, since this is a fierce foursome indeed. They had lots to say about the nature of men, women and marriage—all themes that are so provocatively riffed on in this saucy and stylish remake.

Speaking of remakes, if you are tempted to say "do over!" when you look at your hair in the summer, fret no more. Our summer hair survival guide, starting on page 88, will arm you with healthy hair tools, products and strategies.





Check out "Healthy Summ[illegible] page 88 and "Scenes From a [illegible] Kiss," on page 54

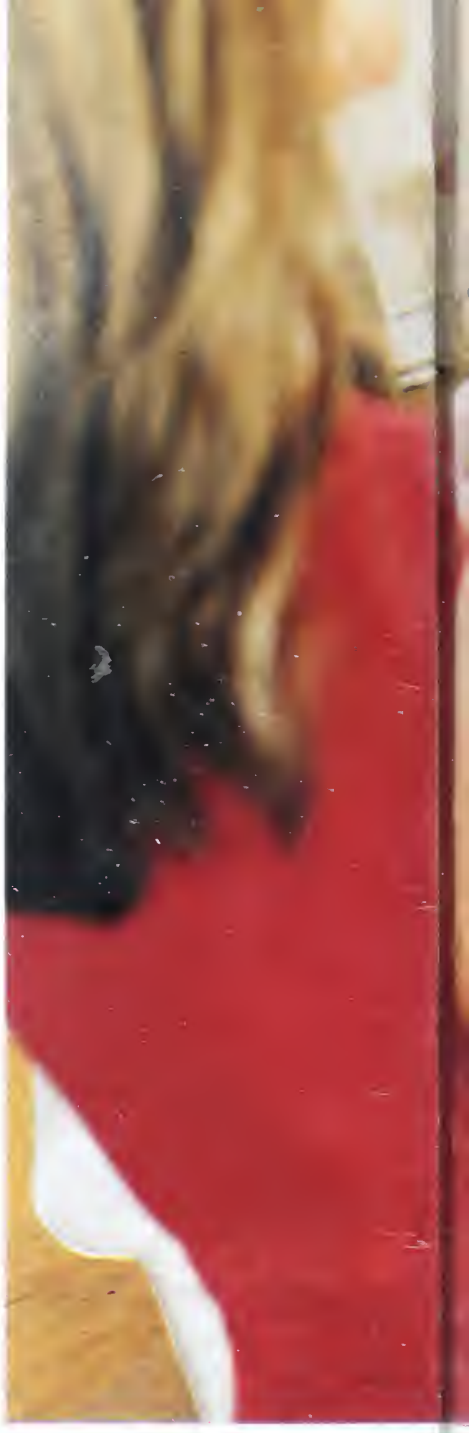
And then, after you're feeling pretty good about yourself, you might want to let your mind wander to . . . *kissing your husband!* Francine Prose pens a meditation on the importance and meaning of kissing in a forum where it sometimes gets taken for granted: your marriage. After you read our story on page 54, "Scenes From a Marriage Kiss," surprise your husband by going over to him, wherever he is, and giving him a smooch with real soul. Then write and tell me if it didn't brighten up both your days!

Diane Salvatore

Diane Salvatore, Editor-in-Chief
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"He Told Our Secrets Online!"



I couldn't believe my eyes," said Isabella, 26, an advertising salesperson who's been married for two years. "Ryan left the computer on when he went out to walk the dog, and on the screen was an online journal he's been keeping, apparently for months. There, for the world to see, was a list of complaints: 'She gets hysterical if I leave a dirty dish in the sink.' 'I hate coming home.' He even called me names!

"When I confronted him, Ryan claimed he was 'just sounding off.' But this was a betrayal. Sure, things have been tense, but why didn't he talk to me instead of ranting to the world?

"Ryan dreams of being a comic-book writer, and I know that one day he'll be successful. He forgets how talented he is partly because he's stuck in a dull job at a real estate agency. To make matters worse, I think he resents the fact that I make more money than he does. We never talk about any of this, though. Mostly we just argue, often about petty stuff, like the throw pillows I just bought. Ryan deemed them unnecessary. But fixing up our home makes me happy.

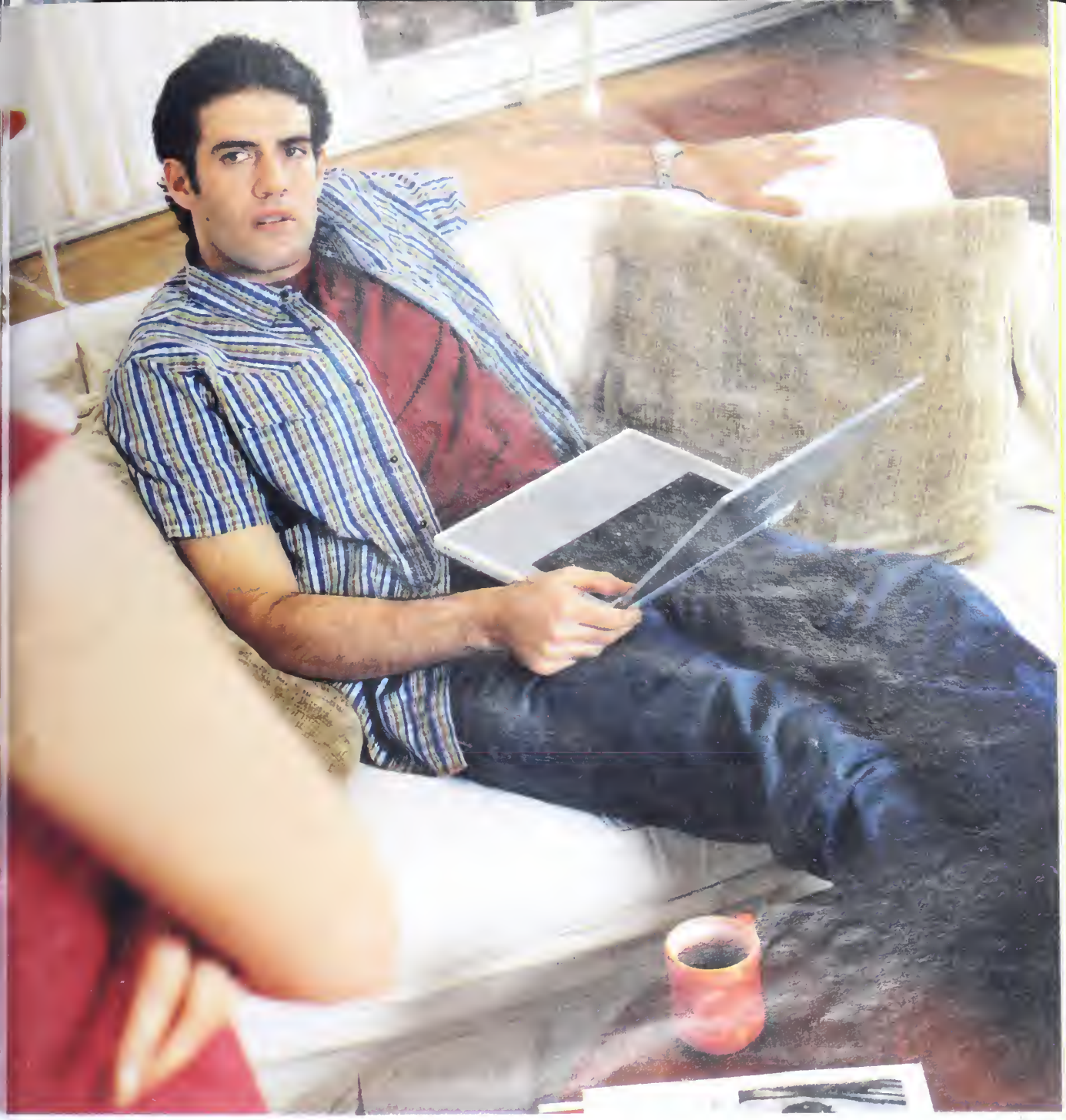
"The real problem is that Ryan is a slob. I don't get home until 7, he's home by 5. It's infuriating to walk in and see him sprawled out on the couch, with the breakfast dishes still piled in the sink. Would it kill him to vacuum? Is he incapable of making a bed? If he picked up his clothes on his own, I wouldn't nag him.

"Ryan and I met four years ago in an online chat room for music buffs. I had just graduated from college and was living with my parents. We e-mailed each other for a year before we met in person.

"At first, I thought he wasn't my type. He was grungy, with three days' growth of beard. But I felt a spark. He was smart and playful—a free spirit. We saw foreign films and listened to jazz. And though he was shy, he was more sensitive than the guys I'd grown up with, who cared only about their cars.

"I'm the older of two girls. My parents were born in Italy and are very old-fashioned. Dad worked in construction until he was laid off 10 years ago. Mother was home when we were little but started working part-time when Dad lost his job. But she still manages the whole household and prides herself on her immaculate home. She is a demanding woman. We were expected to do well in school, help around the house and make a terrific tomato sauce. If we fell

BY MARGERY D. ROSEN



short, we'd get the silent treatment.

"Ryan says I worry too much about pleasing my parents. That's probably because he's never been close to his own mom and dad—neither even came to our wedding. He also hates the fact that my sister drops over most nights to hang out.

"Ryan is usually so private. That's another reason I'm so shell-shocked. I can't believe he feels more comfortable talking to strangers on his Web log than to me. And what if someone recognizes his screen name? We've never had secrets before. Now I wonder if I really know this man."

[redacted] is blowing things out of proportion," said Ryan, a still-boyish 25-year-old. "Look, I've been writing and drawing all my life. It helps me put things in perspective. On my blog, I might post my political views or a poem or whatever pops into my head. People respond with witticisms or advice. One guy who'd had similar issues with his girlfriend told me to 'hang in there.' Another said I had a right to be angry. It's like group therapy, but totally anonymous.

"Nothing in my life is working. I wake up every morning with an ache in the pit of my stomach. CONTINUED

can this marriage be saved?

I've always wanted to write and illustrate comic books but I dropped out of college after my sophomore year and got a job selling furniture. Then last year, the store where I worked went bankrupt, and I had to take this dead-end real estate job. Then my parents separated.

"When Isabella and I first met, we'd talk for hours. No one ever cared about me the way she did. Now, the first words out of her mouth when she walks through the door are to criticize me. 'You call this clean?' she'll scream. She sounds like her mother.

"In truth, I *don't* see that the laundry didn't get done or that there are dog hairs on the sofa. Those things aren't on my radar screen. Neatness was not a priority for my mom. She had her hands full keeping my brother and me fed. But Isabella's parents' home looks like a museum.

"My mom was just 16 and my dad 18 when I was born. Neither attended college, and my dad, who worked for a phone company, was an alcoholic. He humiliated me in front of people, called me stupid. To stay sane, I'd spend hours alone in my room reading or sketching. I surprised myself by how upset I was by their divorce.

"Isabella's family is unbelievably close. I like them, but I'll never understand why Sunday night dinner is a command performance, or why her younger sister, whose life is a soap opera, must come over every night. And yes, it's hard to watch Isabella spend money on fancy pillows we don't need—and even harder to say so, since it's her money in the first place.

"The woman I [illegible] was caring and romantic. The one I live with now makes me feel like a henpecked old man. She's so dramatic. Betrayal? *Please*. Everything is meaningless. Why can't she forget it?"

"I'm constantly surprised by how many couples, though very much in love, fail to discuss how they will handle the minutiae of daily life—be it housekeeping tasks or money management—once they're married," said the counselor. "Inevitably, they are shocked by how quickly fights over seemingly trivial matters swamp good feelings. While Ryan's online confessions, and subsequent excuses, were undeniably hurtful, Isabella's discovery forced them to take a hard look at problems they had swept under the rug for two years. My goal was to help them nourish their love while they figured out how to live with each other.

> "I just don't see the dog hairs on the sofa or the dirty laundry"

"Like many newlyweds, especially those who've never lived on their own, these two found themselves stumbling through a period of disappointments. Isabella and Ryan lacked the basic communication skills necessary to discuss sensitive or negative feelings, as well as to disagree and actually resolve problems before skirmishes erupted.

"Both also needed to grow up. Isabella had to loosen the emotional ties she had with her family and align herself with her husband. I encouraged her to find ways to remain close to her sister without seeing her every night. Ryan had to take responsibility for the practical aspects of his life, including sharing household tasks and making long-term career goals.

"Like her mother, Isabella tried to be the perfect wife. And she assumed that once she and Ryan were married, he would share her desire for a neat-as-a-pin home and embrace her family. When that didn't happen, Isabella's irritation deepened but, unable to tell Ryan how she felt, she stuffed her anger inside until it leaked out in sarcastic comments or temperamental outbursts.

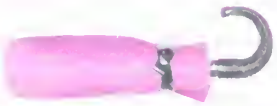
"I said to her, 'Ask yourself: Is there a kernel of truth in what Ryan wrote? Sometimes, if you can admit some responsibility for the problems, you can begin to make changes.' In time, Isabella realized her constant carping was pushing Ryan away.

"'Timing is critical,' I said. 'The first five minutes after you see each other at the end of the workday set the mood for the entire evening.' I reminded Isabella to choose her words carefully, using non-accusatory statements. 'Could you help me with dinner?' will elicit support far more effectively than 'Why can't you ever start dinner?' We also discussed the 'when you/I feel' model: 'When you leave dirty clothes on the floor, I feel that you expect me to pick them up.' I cautioned her to stay in the present: 'Discuss one issue at a time, and don't dredge up what he did or didn't do last week.' At the first twinge of resentment, I advised her to take several deep breaths to calm down and think about whether her anger was justified. She reported back that on several occasions, simply applying the verbal brakes kept her from lashing out.

"Ryan brought heavy emotional baggage to the relationship. Always a loner, he'd had little encouragement growing up and he still believed that few people were in his corner. Isabella's criticisms reminded him of his father's. And though he CONTINUED

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was estranged from his parents, he still harbored a deep longing for the happy, whole family he never had. That's probably why the news of their split hit him so hard.

"One direct result of Ryan's dysfunctional family was that he had no role model for how to be a good husband. When conflict arose, he acted out by either ignoring his wife's requests or withdrawing, as he'd done as a child. Writing was therapeutic for him, but he failed to recognize that his online journal, albeit anonymous, was as wounding to Isabella as her harsh words were to him. I suggested that perhaps subconsciously he had left the journal on the screen because it allowed him to tell her what he was unable to say out loud. Acknowledging this, Ryan stopped minimizing Isabella's concerns, and offered a heartfelt apology.

"'I needed to hear that,' Isabella said. Ryan's empathy was a turning point. As she changed her approach—even giving him a hug and snuggling on the couch when she got home instead of rushing to make dinner—the bickering diminished and they were able to focus on strategies for resolving everyday issues. I explained to Isabella that for Ryan, as for many men, the details of home life were insignificant. 'While you get frustrated that he doesn't do more, he's perplexed that you do so much!' I said. Still, I told Ryan that he had to pay attention to things that bothered Isabella, like a trail of dirty clothes.

"To divide the work evenly, they made a list of weekly household duties, assigned tasks and posted the 'contract' on the refrigerator. Ryan reported back that he'd been 'pretty good' about doing his share. 'I'd give myself a B,' Isabella upped that to an 'A for effort,' acknowledging that 'my priorities don't have to be his priorities' and that 'dirty dishes aren't worth fighting over.'

"Neither, they decided, was the tradition of spending every Sunday night with her parents. 'It's time to make our own traditions,' Isabella announced. 'Some weeks we'll go, sometimes we won't; my mother will live!' They also started attending more concerts, plays and movies. Freed from mandatory appearances, Ryan became more willing to spend time with Isabella's friends and family.

"At this point, I brought up money, which they had never discussed. Initially, Ryan said he didn't mind that Isabella earned more, but after a moment's reflection, he said, 'Actually, it bothers me. Not that she doesn't deserve it. But I can't help feeling that my own life is going nowhere.'

"It was a brave admission. 'Self-worth starts with feeling good about what you're doing with your life,' I said. I had several individual sessions with Ryan. 'You didn't have the childhood you deserved,' I noted. 'Many people didn't. But your father's insults reflect on him, not on you. Instead of feeling victimized, find ways to change the outcome of your story.'

"When Ryan mentioned a comic-book convention in Chicago, Isabella encouraged him to go. He did, meeting several publishers who asked him to submit ideas. 'It may not amount to anything, but it fired me up,' he said. 'In the fall, I'm going back to school full time to study art.'

"'My salary will cover part of the tuition, and we'll take out loans for the rest,' Isabella added.

"Armed with the skills to communicate effectively and defuse volatile topics, the couple's old closeness returned. I saw how much progress they'd made when Ryan told me about Isabella's Valentine's Day surprise. 'I came back from walking the dog,' he said, 'and she'd lighted candles throughout the house, and made a path of rose petals from the kitchen to the bedroom. It was incredibly cool.'"

> "Ryan had no role model for how to be a good husband"



"Can This Marriage Be Saved?®" is the most popular, most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Robin Newman, L.C.S.W., a licensed clinical social worker in Huntington, New York. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.

With whom do you sympathize more, Isabella or Ryan? Share your thoughts on our marriage message board: www.lhj.com/talkmarriage

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"He Acted Like He Was Still Single"

Having survived two unhappy relationships, Todd was slow to trust again. But Cheryl needed a husband who was there for her, both physically and emotionally



One big happy family: Todd and Cheryl enjoy being home with their sons Tim, 13 (left), John, also 13 (right), and Connor, 2 (foreground)

When Cheryl and Todd Huff met in 1995, both were reeling from bad relationships and found solace in commiseration. Cheryl was in the midst of a messy divorce, and Todd, already divorced, was breaking up with a live-in girlfriend. Each also had a son starting kindergarten and faced similar parenting challenges. After premarital counseling to sort out the lingering effects of failed first marriages, the pair wed in 2001. "I thought we'd dealt with our emotional baggage," says Cheryl, 40, "but Todd was still afraid to open up." Todd, 39, admits that he avoided Cheryl's [illegible] at night, a habit that [illegible] of his sales job at [illegible]ship. Cheryl, who [illegible] herself, was [illegible] solo parent of he[illegible] Todd's son, John, [illegible] them on alternate weeks. "I got no support or companionship from Todd," she says. "I was getting angrier and angrier."

In sessions with Lynn Davies, L.C.P.C., a marital counselor practicing in Towson, Maryland, Todd admitted that "getting dumped twice had destroyed my faith in women." Davies encouraged him to voice his fears to Cheryl, who reassured him of her unwavering commitment. Davies also got Todd to understand that "I had to stop acting like a single person," he says.

When Cheryl became pregnant in 2002, Todd reaffirmed that he was "a family man at heart." The couple continued counseling until the birth of Connor, now 2. During that time, Todd finally stopped worrying that Cheryl was going to abandon him. For her part, Cheryl was thrilled to have Todd home at night, fully involved in the children and the marriage. We checked in with them recently.

Todd: I'm glad I got up the nerve to take one more chance on love.

Cheryl: Me, too.

Todd: For a while, Cheryl was afraid I'd revert to my old ways and start hanging out at bars. But once I committed to being a real husband and father, that was it.

Cheryl: I did wonder if the change might be temporary. Maybe he was just trying to humor me. But Todd clearly *wants* to be with me and the boys.

Todd: I'm so in love with Cheryl. Looking back, I don't think I was ever really in love before. This is the real deal. And I'm crazy about our sons and more determined than ever to be the dad Tim needs.

Cheryl: In fairness, Todd wasn't the only one who was gun-shy. I may not have been going to bars, but I held back emotionally, too. After what I went through the first time around, I was afraid to be honest about my feelings. But the closer Todd and I grew in counseling, the more I realized that this was the relationship we'd both been waiting for.

Todd: Definitely. We hit the jackpot this time. We trust each other. That's what marriage is all about.

BY SONDRA FORSYTH

Was your marriage saved? If you and your spouse were featured in a past "Can This Marriage Be Saved?"® column or if your marriage improved through counseling, e-mail us at wasthismarriage@meredith.com. If we use your story, we'll pay you $500.

BeautyFinds

Find Time For Beauty with Walgreens & *Shall We Dance?*

Walgreens knows you don't have to be a movie star to look beautiful. Sometimes all it takes are a few key steps to get you in the groove. Discover **BeautyFinds** at **Walgreens** — the busy woman's solution to looking and feeling great in half the time! Let your local **Walgreens** Beauty Advisor help you find all the right moves to a more beautiful you with incredible products from Procter & Gamble and easy time-saving tips.

Just take the lead from this summer's hottest movie release, *Shall We Dance?* It's a rhythmic journey following the life of John (Richard Gere), a man with a wonderful job, a charming wife, Beverly (Susan Sarandon), and a lovely family. Feeling something is missing from his life, John is drawn to a beautiful woman (Jennifer Lopez) at a Chicago dance studio. What begins as a romantic comedy turns into an exhilarating tale about the unexpected places one finds fulfillment, and the celebration of life's beautiful moments.

Can't wait? Read on for a sneak peak at *Shall We Dance?* and some great **BeautyFinds!**

Miramax Films'

Shall We Dance?

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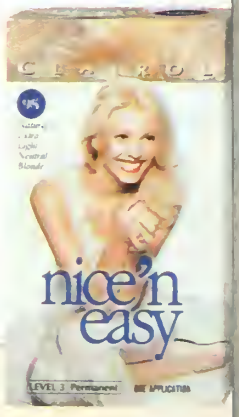


Shall We Dance?
Stepping into theaters this summer

You don't have to spend hours to look good, starting with your hair. A simple change to your hairstyle can dramatically affect your overall appearance — and a Walgreens Beauty Advisor can show you how. Whether you want to go with a new look or a new color, you'll see how easy it is to get the hair you always wanted in no time flat!

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Straight from the Set

"For the dance rehearsal scenes, we wanted the hair to look wild and sexy. To achieve this look at home, use a little mouse or spray volumizer at the roots of your hair. Then blow it dry opposite to the way you wear it. Follow that up by using your fingers, hands or brush to redirect it back up and over your roots. Hair has to be lifted from the roots, or the style will just be flat."

— David Beecroft,
Hair Key, *Shall We Dance?*


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Shall We Dance?
Stepping into theaters this summer

Straight from the Set

"I am a great believer in preparing the skin well before doing a make-up. No different than preparing a canvas before painting."

— Christine Hart, Make Up Key, *Shall We Dance?*



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1 Skin in need of immediate SOS? Improve your skin's moisture and reduce the appearance of fine lines with Olay Regenerist.

2 Workout your body, don't work up the oil! Excessive sweating and oil are sure to follow, so before you head to the gym — and after, give your face a quick wash with Olay Daily Facials Cleansing Cloths.



3 Stop the clock! Use Olay Complete Defense Moisturizer with SPF 30 to delay the aging effects of the sun.

4 Take a "me" break! Stress shows in your face, so it's important to take time (even just a little) to relax. Try an herbal tea or light your favorite candle.

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Straight from the Set

"For long-lasting vibrant lipcolor, apply lipstick, dab translucent powder onto a tissue or powder puff, blot lips and re-apply lipstick."

— Christine Hart, Make Up Key, *Shall We Dance?*



Shall We Dance?
Stepping into theaters this summer

Find Time For That Picture-Perfect Look

1 To help avoid foundation fade, set your makeup with one of CoverGirl's Pressed Powders which will help keep your foundation looking fresh and flawless.

2 Don't waste time re-applying your lipcolor. Use CoverGirl Smoothwear for moist lips and long-lasting color.

3 Want bigger, brighter eyes in a blink? Open your eyes by starting with an eyelash curler and then set the look with a high-volume mascara like NEW Fantastic Lash Mascara from CoverGirl.

4 Give dry, flaky lips the brush-off; add "brushing your lips" to your morning ritual, using a soft toothbrush or terry washcloth.



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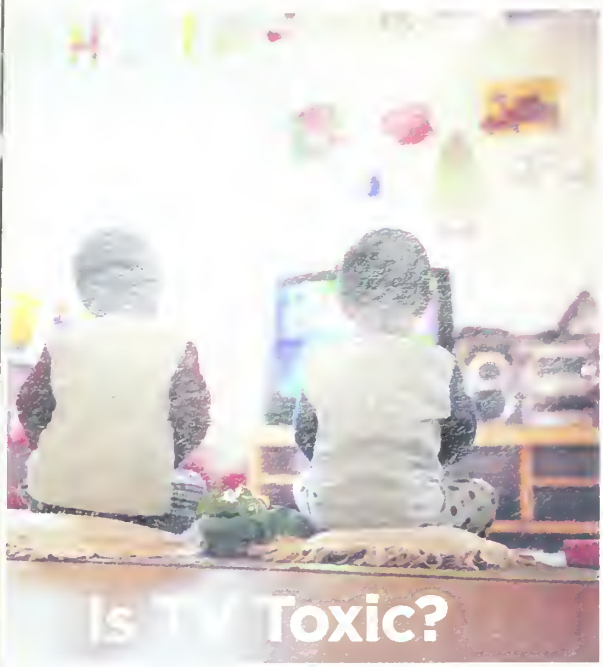
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Is TV Toxic?

The average toddler watches two to three hours of TV a day, and it turns out that's two or three hours too many. In the first study to look at the effects of TV on toddlers' attention spans, researchers at Children's Hospital and Regional Medical Center, in Seattle, found that each hour of TV watched daily by a child age 12 months to 3 years increased the risk of attention span problems, such as ADHD, by age 7. According to the study, the rapid change of images on the screen—the very thing that keeps kids engaged—overstimulates them at a critical phase of brain development. And educational programming doesn't get off the hook, either. "During the first two to three years of life, the brain is being fine-tuned," explains Dimitri A. Christakis, M.D., the lead researcher on the study. "And, in contrast to the way real life unfolds, TV can portray rapidly changing scenes and condition a toddler's brain to expect this fast pace."

—Lambeth Hochwald

When Friends Become Family

Who says you can't choose your family? Six out of 10 Americans say they consider friends part of their extended family, according to a survey by Harris Interactive. Many of the attributes these people say describe their relationships with relatives—common interests, good communication—are the same ingredients they say define their closest friendships.

Why do Americans feel this way? "Family size is decreasing, in part because of the expense of raising kids and because women are having fewer kids," says Judith A. Myers-Walls, Ph.D., a certified family-life educator. "This, combined with the fact that families are now farther flung geographically, has caused Americans to adapt their definition of family. In many cases friends are duplicating the support family members used to provide."

—Megan Cherkezian

A BETTER WEDDING GIFT

This wedding season, some brides are picking charity over china by encouraging guests to make donations in lieu of buying them more traditional wedding gifts, according to the Council on Foundations. But this doesn't mean couples no longer register for gifts. Thanks to a number of new Web sites, such as *www.idofoundation.org*, which launched in 2002, and *www.justgive.org*, brides and grooms can direct their guests to charities of their choice.

"We launched our registry last year because there was a demand for it," says Kendall Webb, executive director of JustGive.org. "Every month we've seen an increase in the amount of traffic on the site, and so far, $250,000 has been raised."

Like a gift registry, a donation registry gives guests information about charitable preferences. Couples can register for donation gifts and specify a suggested dollar amount, or they can give guests free rein in deciding how much and to whom they want to give. "Our couples raise anywhere from $200 to $6,000," says Bethany Robertson of the I Do Foundation. "We expect to raise over $100,000 in new donations this year."

—Caroline Stanley

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Rules of Engagement



Toxic socks, codes of conduct and constant "car butt" . . . Being a good SportsMom is no slam dunk these days

BY GERRI HIRSHEY

Are you ready to take the All-American SportsMom challenge? Here's the play: Your 14-year-old is out on the basketball court in front of half the school. His shorts, worn in the current low-slung fashion, have slipped to a point where one jump shot could result in what the kids call "moon over middle school," and he's oblivious to the peril. You: A) make your way down to the home team's bench and whisper a warning, or B) stay in the stands and root hard against shame.

If you answered B, give yourself a high five. If you answered A, you may need some support, as my friend Eva did when her son was in the above situation. She was just leaving the bleachers to warn him when my husband stopped her, explaining gently, "Even if his shorts end up around his ankles, it's not nearly as mortifying as having his mom come to the bench."

I can attest that being a proper SportsMom is no slam dunk these days. Even the modest athletic careers of my kids, Sam, 14, and Lila, 12, have left me sucking wind—and the MomCar hovering perpetually on empty. Another woman in our rugged sisterhood put it best as we stood in a chill, needling rain and averted our eyes from her minivan, where her two sons were changing from sweaty basketball togs into Little League uniforms: "We're so committed I should *be* committed."

That's the subversive sentiment whispered among mothers on the sidelines and in the bleachers across the nation, the one expressed on those bumper stickers that say, MY KID PLAYS SOCCER; I HAVE NO LIFE. Having kids in organized sports is no longer a question of buying them a mitt and pointing them toward the park. Oh, no. Ours is an age of energetic excess. And woe betide the mom who can't or won't step up to the plate.

How intense can it get? Our preschool's T-ball team sports full uniforms, despite the fact that these admittedly adorable tots can't identify, much less get to, first base. Everywhere, off-field requirements mount: team fund-raising, pancake breakfasts, spaghetti banquets, five-page liability waivers and mandatory "Codes of Parental Conduct on the Field of Sport" that must be all but signed in blood. For too many of us, the word "travel" conjures no picture-postcard visions but drafty gyms and overheated CONTINUED ON PAGE 38

LADIES' HomeJournal

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June 19	Sat	5:00pm	7:10pm	Las Vegas 51s	Cashman Field, Las Vegas, NV
June 26	Sat	4:00pm	6:05pm	Memphis Redbirds	AutoZone Park, Memphis, TN
July 2	Fri	5:00pm	7:11pm	Albuquerque Isotopes	Isotopes Park, Albuquerque, NM
July 10	Sat	5:00pm	7:05pm	Joliet JackHammers	Silver Cross Field, Joliet, IL
July 17	Sat	4:00pm	6:00pm	Brooklyn Cyclones	KeySpan Park, Brooklyn, NY
July 24	Sat	5:00pm	7:05pm	Clearwater Threshers	Bright House Networks Field, Clearwater, FL
July 31	Sat	5:15pm	7:15pm	Carolina Mudcats	Five County Stadium, Zebulon, NC
Aug 7	Sat	5:00pm	7:05pm	Lake County Captains	Eastlake Ballpark, Eastlake, OH
Aug 14	Sat	5:00pm	7:05pm	Iowa Cubs	Sec Taylor Stadium, Des Moines IA

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WARNINGS Liver Enzymes

... 40 mg ...

trials. It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter. Liver enzyme changes generally occur in the first 3 months of treatment with rosuvastatin. Patients who develop increased transaminase levels should be monitored until the abnormalities have resolved. Should an increase in ALT or AST of ... 3 times ULN persist, reduction of dose or withdrawal of rosuvastatin is recommended. ... Rosuvastatin should be used with caution in patients who consume substantial quantities of ... alcohol and/or have a history of liver disease (see CLINICAL PHARMACOLOGY, Special Populations, Hepatic Insufficiency). Active liver disease or unexplained persistent transaminase elevations are contraindications to the use of rosuvastatin (see CONTRAINDICATIONS). **Myopathy/Rhabdomyolysis** Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with rosuvastatin and with other drugs in this class. Incapacitating myalgia has been reported in rosuvastatin-treated patients (see ADVERSE REACTIONS). Creatine kinase (CK) elevations (>10 times upper limit of normal) occurred in 0.2% to 0.4% of patients taking rosuvastatin at doses of up to 40 mg in clinical studies. Treatment-related myopathy, defined as muscle aches or muscle weakness in conjunction with increases in CK values >10 times upper limit of normal, was reported in up to 0.1% of patients taking rosuvastatin doses of up to 40 mg in clinical studies. Rare cases of rhabdomyolysis were seen with higher than recommended doses (80 mg) of rosuvastatin in clinical trials. Factors that may predispose patients to myopathy with HMG-CoA reductase inhibitors include advanced age (≥65 years), hypothyroidism, and renal insufficiency. The incidence of myopathy increased at doses of rosuvastatin above the recommended dosage range. Consequently, rosuvastatin should be prescribed with caution in patients with predisposing factors for myopathy, such as renal impairment (see DOSAGE AND ADMINISTRATION), advanced age, and hypothyroidism. 2. Patients should be advised to promptly report unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. Rosuvastatin therapy should be discontinued if markedly elevated CK levels occur or myopathy is diagnosed or suspected. 3. The risk of myopathy during treatment with rosuvastatin may be increased with concurrent administration of other lipid-lowering therapies or cyclosporine (see CLINICAL PHARMACOLOGY, Drug Interactions, PRECAUTIONS, Drug Interactions, and DOSAGE AND ADMINISTRATION). **The benefit of further alterations in lipid levels by the combined use of rosuvastatin with fibrates or niacin should be carefully weighed against the potential risks of this combination. Combination therapy with rosuvastatin and gemfibrozil should generally be avoided. (See DOSAGE AND ADMINISTRATION and PRECAUTIONS, Drug Interactions).** 4. The risk of myopathy during treatment with rosuvastatin may be increased in circumstances which increase rosuvastatin drug levels (see CLINICAL PHARMACOLOGY, Special Populations, Race and Renal Insufficiency, and PRECAUTIONS, General). Rosuvastatin therapy should also be temporarily withheld in any patient with an acute, serious condition suggestive of myopathy or predisposing to the development of renal failure secondary to rhabdomyolysis (e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, and electrolyte disorders; or uncontrolled seizures). PRECAUTIONS General

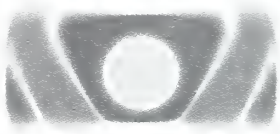
... Therapy

Information for Patients

Laboratory Tests

Drug Inter...

CNS Toxicity



CRESTOR
rosuvastatin calcium

... Carcinogenesis, Mutagenesis, Impairment of Fertility

Pregnancy *Pregnancy Category X* See CONTRAINDICATIONS. ...

Nursing Mothers

Pediatric Use

ADVERSE REACTIONS

Clinical Adverse Experiences

Table 1. Adverse Events in Placebo-Controlled Studies

	Rosuvastatin n=774	Placebo n=362
		6
		5
		2
		1
		1
		1
		2
		1
		1
		1
		1
		1
		1
		2
		1
		1

... treatment-emergent adverse events were reported, regardless of causality assessment, in 22% of patients treated with rosuvastatin in clinical studies. The events ... were reported in ≥2% of these patients. **Body as a Whole:** Abdominal pain, accidental injury, pain, inflammation, pain, pelvic pain, and neck pain. **Cardiovascular System:** Chest pain, angina pectoris, vasodilatation, and palpitation. **Digestive System:** Constipation, gastroenteritis, vomiting, flatulence, periodontal abscess, and gastritis. **Endocrine:** Diabetes mellitus. **Hemic and Lymphatic System:** Anemia and thrombocytopenia. **Metabolic and Nutritional Disorders:** Peripheral edema. **Musculoskeletal System:** Arthritis, arthralgia, and pathological fracture. **Nervous System:** Dizziness, paresthesia, hypertonia, hypoesthesia, depression, anxiety, vertigo, and neuralgia. **Respiratory System:** Bronchitis, cough increased, dyspnea, pneumonia, and asthma. **Skin and Appendages:** Rash and pruritus. **Laboratory Abnormalities:** In the rosuvastatin clinical program, dipstick-positive proteinuria and microscopic hematuria were observed among rosuvastatin-treated patients predominantly in patients dosed above the recommended dose range (i.e., 80 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg than in comparator doses of rosuvastatin or comparator statins. This urinary finding is generally transient and has not been associated with worsening renal function (see PRECAUTIONS, Laboratory Tests). Other abnormal laboratory values reported were elevated creatine phosphokinase, transaminases, hyperglycemia, glutamyl transpeptidase, alkaline phosphatase, bilirubin, and thyroid function abnormalities. Other adverse events reported less frequently than 1% in the rosuvastatin clinical study program, regardless of causality assessment, included arrhythmia, hepatitis, hypersensitivity reaction, face edema, thrombocytopenia, leukopenia, vesiculobullous rash, urticaria, pruritus, and cheilosis. Kinky nature, syncope, myasthenia, myositis, pancreatitis, photosensitivity reaction, myopathy, and rhabdomyolysis.

OVERDOSAGE There is no specific treatment in the event of overdose. In the event of overdose, the patient should be treated symptomatically and supportive measures instituted as required. Hemodialysis does not significantly enhance clearance of rosuvastatin.

DOSAGE AND ADMINISTRATION The patient should be placed on a standard cholesterol-lowering diet before receiving CRESTOR and should continue on this diet during treatment. CRESTOR may be administered as a single dose at any time of day, with or without food.

Hypercholesterolemia (Heterozygous Familial and Nonfamilial) and Mixed Dyslipidemia (Fredrickson Type IIa and IIb) The dose range for CRESTOR is 5 to 40 mg once daily. Therapy with CRESTOR should be individualized according to baseline LDL-C levels, the goal of therapy, and patient response. The usual recommended starting dose of CRESTOR is 10 mg once daily. Initiation of therapy with 5 mg once daily may be considered for patients requiring less aggressive LDL-C reductions or who have predisposing factors for myopathy (see WARNINGS, Myopathy/Rhabdomyolysis). For patients with marked hypercholesterolemia (LDL-C ≥190 mg/dL) and aggressive lipid targets, a 20-mg starting dose may be considered. The 40-mg dose of CRESTOR should be reserved for those patients who have not achieved their LDL-C at 20 mg (see WARNINGS, Myopathy/Rhabdomyolysis). After initiation and/or titration of CRESTOR, lipid levels should be analyzed within 2 to 4 weeks and dose adjusted accordingly. **Homozygous Familial Hypercholesterolemia** The recommended starting dose of CRESTOR is 20 mg once daily in patients with homozygous FH. The maximum recommended daily dose is 40 mg. CRESTOR should be used in these patients as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. Response to therapy should be estimated from pre-apheresis LDL-C levels. **Dosage in Patients Taking Cyclosporine** In patients taking cyclosporine, the dose should be limited to CRESTOR 5 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Concomitant Lipid-Lowering Therapy** The effect of CRESTOR on LDL-C and total-C may be enhanced when used in combination with a bile acid binding resin. If CRESTOR is used in combination with gemfibrozil, the dose of CRESTOR should be limited to 10 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis, and PRECAUTIONS, Drug Interactions). **Dosage in Patients With Renal Insufficiency** No modification of dose is necessary for patients with mild to moderate renal insufficiency. For patients with severe renal impairment (CrCl <30 mL/min/1.73 m²) not on hemodialysis, dosing of CRESTOR should be started at 5 mg once daily, and not to exceed 10 mg once daily (see PRECAUTIONS, General, and CLINICAL PHARMACOLOGY, Special Populations, Renal Insufficiency).

NOTE: This summary provides important information about CRESTOR. For more information, please ask your doctor or health care professional about the full Prescribing Information and discuss it with them.

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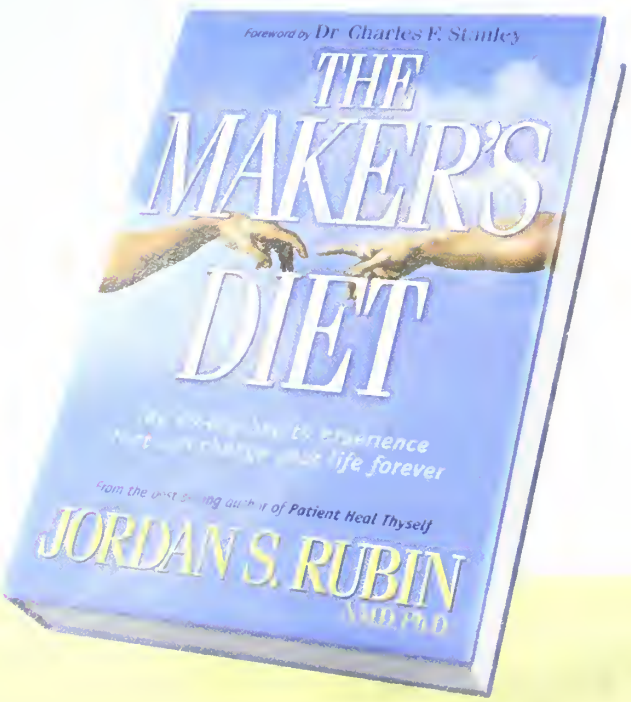
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pools in distant [illegible] car butt again!" Her friend Katherine [illegible] and [illegible] Grandma [illegible] afflicted [illegible] Monday-morning bleacher back after cheering Sam through a five-game "tournament" weekend. Prescription: a supportive folding stadium seat and stretching exercises before, during and after games.

Mind you, I don't have it so bad compared with parents whose kids play multiple and more expensive sports. And we've found the payback can be priceless: Shy, tiny Lila found friends, endurance and muscle tone on the swim team; Sam adores his hoops and—at least during the season—is healthy and fit. Still, there are days when I hit the wall. Once I arrived home after parboiling in a pool house for three hours watching Lila swim 3.5 minutes' worth of heats when Sam presented me with a basketball schedule that devoured all but two weekends between December and March. *"I didn't sign on for this!"* I yelled as I shoved swim catalogs and permission forms off my desk. *"Do you know what you're looking for?"*

Of course he didn't. He just wanted to play. That's all any kid wants: it's [illegible] adults who have created [illegible] enslave the Sports[illegible] Heartbreak [illegible] ing, rearranging [illegible] work schedule, [illegible] homework hour [illegible] the gym socks. [illegible] chance to [illegible] SportsMom barked [illegible] rule—for the home team: one sport per kid per season. No evening practices—I don't care if Coach yells—unless homework is all done. And to free up me-Mom time, there had to be more kid chores.

I've altered my game plan as well. When SportsMom duties cut into my gym or fitness time, I've devised alternate training routines, such as girl retrieval. After evening swim practice, having readied dinner at home, I plunge into the girls' locker room, sprinting around the piles of wet suits and towels like a quarter horse in a barrel race. I make straight for the gang shower, extract my own sleek little seal from a clutch of shrieking 12-year-olds, toss clothes at her, catch the wet stuff, and have her in the car faster than you can say "individual medley." My personal best: 3.25 minutes.

> Kids just want to play ball. It's *adults* who've created the excesses that enslave the SportsMom

I've also submitted to the special wisdom of SportsDad—even when it kills me. Organized sports is still, as James Brown sang, a man's man's man's world, and there is a deep and persistent culture of traditional "guy knowledge" that still applies. My husband, Mark, who survived a boyhood of bully-boy coaches, ER visits and basketball "suicide drills," has been my Yoda. His most useful counsel: When in doubt, butt out.

This gets at the very crux of the SportsMom's dilemma. Doing the job well often requires the suspension of natural maternal instincts: One must root loud enough to please but not embarrass. You must try to maintain your game face when you see your kid hurt, whether it's physical or psychological. When Sam made the sixth-grade basketball team, he practiced like a dog—and never, ever got to play. Watching his small, sad face across the gym week after week, I wanted to scream. *"Play the kid—just for two minutes!"* We told Sam he could quit; grimly, he stuck it out. By eighth grade he was playing more—even having some fun. And this season, after a tough one-point loss and only a couple minutes' playing time, I offered my sympathies as we trooped to the car. Sam laughed. "Hey Mom, it's just a dumb game," he said. "I'm fine with two really good minutes."

Score one for the kid. Despite the follies of their parents, most of the kids are still all right. They can peel off the disappointments with the sweaty clothes and replay the highlights as they drift off to sleep. Children who truly love sports have a Zen-like intuition for living in the moment. In sports and in life, boredom and bliss are seldom proportionate. Thus, SportsMom drives yet again to the gym, conquers mountains of toxic socks. She waits for the swish of a pretty 3-point shot, the small flash of triumph on the face she adores, the sweet instant she can holler (but not too loudly). *"That's my boy!"*

Do you have advice or comments for Gerri, or stories to share? Write her at: lhj.mylifeasamom@meredith.com.

LHJ.com **How do other parents deal with kids' sports? Find out: www.lhj.com/sports**

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1/4 tbsp red pepper flakes
2 tbsp grated lemon peel
1 tbsp garlic, minced
1/4 tbsp cracked black pepper

Preparation
Combine lemon juice, onion, soy sauce, oil, ginger and red pepper to form a marinade. Pour over turkey, coating evenly. Marinate in the refrigerator for 20 minutes to 3 hours. Remove turkey from the marinade. Combine lemon peel, garlic and black pepper. Rub over the turkey, coating evenly. Grill 5 minutes on each side or until internal temperature reaches 165°-170° F. Makes 4 servings.

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Men Who Diet & the Women Who Love Them

Real men *do* diet, as my wife is well aware. How does love survive when a husband is a yo-yo man?

BY STEPHEN FRIED

In most couples there is at least one lifelong dieter. In our house, it happens to be the husband. When I page through the photo albums from our 17 years of marriage, they look like an endless compilation of before-and-after and before-again pictures.

When I first met Diane, I was fresh off a professional setback and an ugly romantic breakup, so I was the beneficiary of the only diet you don't need a book for—the Suicidal Depression Weight-Loss Plan. At that time, I weighed less than I ever had in my adult life. Since then, I probably have lost and gained more than you weigh. My dieting nickname is "Yo-Yo *Moi*."

My wife, of course, comes from one of those infuriating families that are naturally trim and well-muscled, and when any of them has more than three pounds to lose, it comes off pretty much effortlessly. I try not to hate them for it (although their existence does pose an interesting marital conundrum: Would you rather be married to someone in great shape or be in great shape yourself? Discuss.).

Diane is upset by my tidal waistline, but not so much because my dating figure was false advertising. (She saw the pictures in my parents' house. She knew what she was up against.) She is upset because of the health risks, and also because I am so predictably miserable when overweight. Luckily, I've never seen any evidence that CONTINUED ON PAGE 44

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ıly your doctor can decide if Relpax is right for you. If you have certain types of heart disease, a history of stroke, TIA, uncontrolled blood pressure, you should not take Relpax. Very rarely, certain people, even some without heart disease, ıve had serious heart-related problems. Talk to your doctor if you have risk factors for heart disease such as smoking, gh blood pressure or high cholesterol, or if you're pregnant or nursing. Relpax should not be used within at least 72 ours of treatment with the following medicines: Nizoral® Sporanox®, Serzone®, TAO®, Biaxin®, Norvir® and Viracept®.

ease see patient summary of information on next page.

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Pfizer

PATIENT SUMMARY OF INFORMATION ON

RELPAX®

(eletriptan hydrobromide) Tablets

Please read this information before you start taking RELPAX and each time you renew your prescription. Remember, this summary does not take the place of discussions with your doctor. You and your doctor should discuss RELPAX when you start taking your medication and at regular checkups.

What is RELPAX?

RELPAX is a prescription medicine used to treat migraine headaches in adults. It does not treat other types of headaches.

What is a Migraine Headache?

Migraine is an intense throbbing headache. You may have pain on one or both sides of your head. You may have nausea and vomiting, and be sensitive to light and noise. The pain and symptoms of a migraine headache can be worse than a common headache. Some women get migraines around the time of their menstrual period. Some people have visual symptoms before the headache, such as flashing lights or wavy lines, called an aura.

How Does RELPAX Work?

Treatment with RELPAX reduces swelling of blood vessels surrounding the brain. This swelling is associated with the headache pain of a migraine attack. RELPAX blocks the release of substances from nerve endings that cause more pain and other symptoms like nausea, and sensitivity to light and sound.

It is thought that these actions contribute to relief of your symptoms by RELPAX.

Who should not take RELPAX?

Do not take RELPAX if you:

- have uncontrolled high blood pressure.
- have heart disease or a history of heart disease.
- have hemiplegic or basilar migraine (if you are not sure about this, ask your doctor).
- have or had a stroke or problems with your blood circulation.
- have serious liver problems.
- have taken any of the following medicines in the last 24 hours: other "triptans" like almotriptan (Axert®), frovatriptan (Frova™), naratriptan (Amerge®), rizatriptan (Maxalt®), sumatriptan (Imitrex®), zolmitriptan (Zomig®); ergotamines like Bellergal-S®, Cafergot®, Ergomar®, Wigraine®; dihydroergotamine like D.H.E. 45® or Migranal®; or methysergide (Sansert®). These medicines have side effects similar to RELPAX.*
- have taken the following medicines within at least 72 hours: ketoconazole (Nizoral®), itraconazole (Sporanox®), nefazodone (Serzone®), troleandomycin (TAO®), clarithromycin (Biaxin®), ritonavir (Norvir®), and nelfinavir (Viracept®). These medicines may cause an increase in the amount of RELPAX in the blood.*
- are allergic to RELPAX or any of its ingredients. The active ingredient is eletriptan. The inactive ingredients are listed at the end of this leaflet.

Tell your doctor about all the medicines you take or plan to take, including prescription and non-prescription medicines, supplements, and herbal remedies. Your doctor will decide if you can take RELPAX with your other medicines.

Tell your doctor if you know that you have any of the following: risk factors for heart disease like high cholesterol, diabetes, smoking, obesity, menopause, or family history of heart disease or stroke.

How should I take RELPAX?

RELPAX comes in 20 mg and 40 mg tablets. When you have a migraine headache, take RELPAX as directed by your doctor.

- Take one RELPAX tablet at the first sign of coming on

- If your headache improves and then comes back after 2 hours, you can take a second tablet.
- If the first tablet did not help your headache at all, do not take a second tablet without talking with your doctor.
- Do not take more than two RELPAX tablets in any 24-hour period.

What are the possible side effects of RELPAX?

RELPAX is generally well tolerated. As with any medicine, people taking RELPAX may have side effects. The side effects are usually mild and do not last long.

The most common side effects of RELPAX are:

- dizziness
- nausea
- weakness
- tiredness
- pain or pressure sensation (e.g., in the chest or throat)

In very rare cases, patients taking triptans may experience serious side effects, including heart attacks. **Call your doctor right away** if you have:

- severe chest pains
- shortness of breath

This is not a complete list of side effects. Talk to your doctor if you develop any symptoms that concern you.

What to do in case of an overdose?

Call your doctor or poison control center or go to the ER.

General advice about RELPAX

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use RELPAX for a condition for which it was not prescribed. Do not give RELPAX to other people, even if they have the same symptoms you have.

This leaflet summarizes the most important information about RELPAX. If you would like more information about RELPAX, talk with your doctor. You can ask your doctor or pharmacist for information on RELPAX that is written for health professionals. You can also call 1-866-4RELPAX (1-866-473-5729) or visit our web site at **www.RELPAX.com.**

What are the ingredients in RELPAX?

Active ingredient: eletriptan hydrobromide
Inactive ingredients: microcrystalline cellulose, lactose, croscarmellose sodium, magnesium stearate, titanium dioxide, hypromellose, triacetin, and FD&C Yellow No. 6 aluminum lake.

Store RELPAX Tablets at room temperature 15-30°C (59-86°F).

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Matt Dusk, the velvet-voiced crooner seen on the new reality show *The Casino*, has just released his debut album "*Two Shots*." The CD features a seamless blend of standards and original songs evoking the style and sophistication of the "Rat Pack" era.

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Any husband who claims he doesn't care about his weight is just flat-out lying

Diane is [illegible] when I'm at my [illegible] tier loves [illegible] of which [illegible] me. [illegible] Any husband who claims he doesn't care about his weight is just flat-out lying. (If the Tony Sopranos of the world weren't, in fact, actually embarrassed about their guts, they wouldn't be wearing oversize, untucked shirts.) I've always known this to be true, but I also thought that the percentage of men willing to admit it would always be fairly small. (Actually, the percentage of "men willing to admit anything" is pretty small.)

Then came low-carb dieting, which over the past few years has changed the world of weight loss in all kinds of surprising ways. The most significant change to me, a student of the subtleties of husband-and-wife behavior, is that men now talk openly about dieting—to their wives and to other guys—in a way they never did before. In fact, they won't shut up about it. Dr. Atkins's greatest achievement may have been to turn dieting into an extreme sport, complete with bragging rights and endless conversations about techniques. Talking about meat and meat by-products has become the latest form of male bonding.

I'm still having a little trouble adjusting to this because my male dieting shame is deeply ingrained. When I was 9, my mom sent me to a juvie weight watching group for "big boned" boys, where we got weighed and lectured on the joys of filling up on [illegible] Dry Dry Ot dried milk and [illegible] diet soda. [illegible]

me for life. In those days boys weren't supposed to think or talk about dieting. Dieting was women's work and involved girlie food: cottage cheese, lettuce, diet soda. If boys wanted to lose weight, they were supposed to run faster and jump higher. Women dieted; real men ate real food and then burned it off. And during my dieting career, when I went on earlier fad diets like the Scarsdale, I always felt somehow, well, emasculated that I should have to.

But a year ago this month, when I realized I had finally outgrown my fat pants, I knew something had to be done. I bought a copy of the Atkins book, and soon I wouldn't shut up about carb counting, either. Neither would Diane, but for quite another reason. While she is accustomed to being forced to go on whatever diet I'm on, this has usually just meant smaller portions of the food we normally like or cutting out things that are obviously bad for you. But in the bizarro low-carb world, most of the healthy food we'd been preparing for each other (or ordering from takeout) for nearly two decades was suddenly off limits.

We suddenly had a marriage without comfort food. Marriages need comfort food.

There are some other low-carb issues that can vex couples. Since the diet seems to work better for men than for women, I have heard of couples going on it together and not getting similar results, so the husband suddenly feels more confident and babemagnetic while the wife is left waiting for diminution like a late period.

The diet can also change household roles because the only cooking most men know how to do is grilling large hunks of protein, so we suddenly want to do more of the food prep. Of course, most men, like me, only want to grill the meat; they still expect their wives to prepare (and clean up) everything else. Grilling allows every man his 15 minutes of feeling like a surgeon.

I think about all this stuff because it keeps me from obsessing over all that fettuccine with broccoli rabe I've been missing this past year, since I've been away from my favorite food group. I've dropped just over 30 pounds—and I always love the compliments you get for losing weight, which make it very clear that everyone thought you looked like absolute hell before.

As for Diane, she's enjoying the fact that there's less of me. While there are days when I think she may need treatment for pasta withdrawal, I know she doesn't want me to lose momentum. Because in weight loss, the big lie isn't "net carbs" or "good cholesterol," it's "maintenance." In dieting, as in life, you're either on your way down or on your way up.

Next month: Why guys do what they do behind the wheel.

Have questions or comments for Stephen? E-mail him at: lhj.heartofahusband@meredith.com. Read more about him, and catch up on his past columns, at www.lhj.com/stephenfried



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ease see brief summary of prescribing information on adjacent page for physician.

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INDICATIONS

CONTRAINDICATIONS

PRECAUTIONS

Hype

Cardiovascular Condition

ADDERALL XR

Tics

Information for Patients

Drug Interactions

Drug/Laboratory Test Interactions

Carcinogenesis/Mutagenesis and Impairment of Fertility

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Usage in Nursing Mothers

Use in Children Under

Geriatric Use

ADVERSE REACTIONS

Adverse events associated with discontinuation of treatment

Adverse events occurring in a controlled trial

Table 1 Adverse Events Reported by More Than 1% of Patients Receiving ADDERALL XR with Higher Incidence Than on Placebo in a 584 Patient Clinical Study

Body System	Preferred Term	ADDERALL XR* (N=374)	Placebo (N=210)
General	Abdominal Pain (stomachache)	14%	10%
	Accidental Injury	3%	2%
	Asthenia (fatigue)	2%	0%
	Fever	5%	2%
	Infection	4%	2%
	Viral Infection	2%	0%
Digestive System	Loss of Appetite	22%	2%
	Diarrhea	2%	1%
	Dyspepsia	2%	1%
	Nausea	5%	3%
	Vomiting	7%	4%
Nervous System	Dizziness	2%	0%
	Emotional Lability	9%	2%
	Insomnia	17%	2%
	Nervousness	6%	2%
Metabolic/Nutritional	Weight Loss	4%	0%

The following adverse reactions have been associated with amphetamine use: Cardiovascular: Palpitations, tachycardia, elevation of blood pressure. There have been isolated reports of cardiomyopathy associated with amphetamine use. Central Nervous System: Psychotic episodes at recommended dosages, overstimulation, dizziness, insomnia, euphoria, dyskinesia, dysphoria, tremor, headache, exacerbation of motor and phonic tics and Tourette's syndrome. Gastrointestinal: Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances. Anorexia and weight loss are the most frequent side effects. Allergic: Urticaria. Endocrine: Impotence, changes in libido. **DRUG ABUSE AND**

DEPENDENCE ADDERALL XR is a Schedule II controlled substance. Amphetamines have been extensively abused. There is evidence of psychological dependence and severe social disability have occurred. There are reports of people who have increased the dosage to many times that recommended. Abrupt cessation following prolonged administration results in extreme fatigue and mental depression; changes in EEG. Manifestations of chronic intoxication with amphetamines may include severe dermatoses, hyperactivity and personality changes. The most severe manifestation is psychosis, often paranoid, indistinguishable from schizophrenia.

OVERDOSAGE

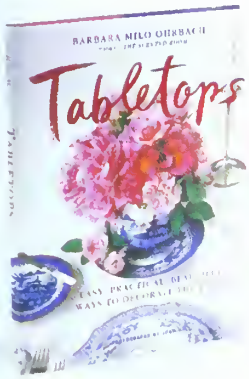
Individual response to amphetamines varies widely. Toxic symptoms may occur with [illegible] Symptoms: Manifestations of acute overdosage with amphetamines include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states, fatigue and depression usually follow. The central nervous system effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma. Treatment: Consult with a Certified Poison Control Center for up-to-date guidance and advice. Management of acute amphetamine intoxication is largely symptomatic and supportive. Gastric lavage, administration of activated charcoal, administration of a cathartic and sedation with diazepam are indicated. Acidification of the urine by [illegible] is inadequate to permit recommendation in this regard. Acidification increases amphetamine excretion, but is believed to increase risk of acute renal failure. Although severe hypertension complicates amphetamine overdose, hypertension rarely has been suggested. However a gradual drop in blood pressure has been achieved. Chlorpromazine antagonizes the central stimulant effects of amphetamines and can be used to treat amphetamine intoxication. The prolonged release effects of ADDERALL XR should be considered when treating patients with overdosage.

[illegible] at controlled room temperature as defined in the USP. Store at 25°C (77°F). Excursions permitted to [illegible] [See USP Controlled Room Temperature]. Manufactured by [illegible] Distributed and marketed by Shire US Inc., Newton, [illegible]. For more information, call 1-866-SHIRE-088 or visit www.adderallxr.com. ADDERALL is registered

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Love at First Peep

I was sure my daughter would adore her new pony. But she begged for baby chicks. How could I stand in her way—just because poultry wasn't my idea of the perfect pet?



Anna, cupping a day-old silkie, named her brood Mary, Marie, Birthday and Shanti, and promised them they wouldn't get squished

Looking back, I can trace the origins of Operation Baby Chick to last summer, on a farm not far from ours, in a barn with a fat pony named Blitz. Operation Baby Chick is a secret mission to surprise my daughter Anna with baby chicks for her fifth birthday. The chicks, four one-day-old silkie bantams, are in a box on the passenger seat beside me. *Cheep, cheep, cheep.* We are headed home, where the birthday girl awaits.

I wasn't sure about this idea at first. I'm a sucker for baby animals of all types, but I also happen to be aware that baby chicks, arguably one of nature's cutest creatures, eventually turn into chickens. What good are chickens? I am not the poultry type. I'm sure plenty of people can prove me wrong, but I have a hard time believing that a person can form a relationship with a chicken.

And I'm [illegible]. One of my best friends is a [illegible]. Here on our small Pennsylvania farm, we have the mule, [illegible] goats, sheep, cats, dogs and many [illegible]. I think of it as [illegible] Anna and her younger [illegible] be-

cause it's precisely how I imagined heaven as a child. I grew up in the suburbs of Philadelphia, back in the days when anyone with a two-acre plot could have farm animals if they wanted. Our next-door neighbors were such people. They had a small barn with a horse, rabbits, goats and other creatures. They also had me. I practically lived over there. When I imagined myself as an adult, I pictured a home with a similar setup. And so our farm, 50 acres in total. After all, this is just what you do as a parent. You try to give your kids everything CONTINUED ON PAGE 52

BY JEANNE MARIE LASKAS



When chemo made me tired I found the strength to get back to my corner.

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If you're on chemotherapy and too tired to do the things you normally enjoy, you may be anemic and not even know it. It's important to talk to your doctor. The fact is anemia affects 7 out of 10 chemo patients, often causing extreme tiredness, dizziness and shortness of breath. It can even affect your ability to think clearly and may cause you to interrupt your treatment. Fortunately though, there's PROCRIT. It treats chemo-related anemia by helping you regain red blood cells lost during chemotherapy. And more red blood cells can mean more strength. Tell your doctor about your symptoms and ask how PROCRIT can help you get back to doing the things you love.

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Drug Interactions:

Carcinogenesis, Mutagenesis, and Impairment of Fertility:

Pregnancy Category C:

Nursing Mothers:

Pediatric Use: See WARNINGS Pediatric Use *Pediatric Cancer Patients on Chemotherapy*

Hypertension:

Seizures:

Growth Factor Potential:

ADVERSE REACTIONS Immunogenicity:

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you had, and most [illegible] them their dream life—[illegible] *your* dream life? This is where it gets tricky.

And that brings us to Blitz, the pony. [illegible] I decided it was time to get one for the girls. Never mind that Anna and Sasha were just 4 and 2, way too young for equestrian life. Nor had either of them ever said, "I want a pony." Funny, because *I* grew up saying that. I said that until I switched to saying, "I want a horse." I was, alas, never afforded either gift.

The first time I laid eyes on Blitz, I knew I had found the perfect pony. He was 14 years old, kid-proof, gentle as a lamb and fat as a hog. Okay, he'd need to go on a diet. But he was adorable, milk-chocolate brown with a blond mane. I took the girls over to the barn to meet him. I don't know what I expected—maybe that they would immediately climb on and say, "*Yee-ha!*" But they were timid. Then they heard a noise. *Cheep, cheep, cheep.* They looked and saw eight baby chicks housed in that same barn, and that was it: Love at first sight. It was all I could do to get them to *look* at the dream pony. They had discovered peeps.

I bought Blitz anyway. A week later he arrived in a red trailer, and I was jumping up and down with glee. The girls watched as he waddled into our barn. Then they went and looked into the empty trailer. "Where are the chicks?" Anna asked. Chicks! I had just spent $1,500 on a pony, and all she could do was talk about some $3 chicks. She didn't stop. On our library trips she chose chick books. At toy stores she was drawn first and foremost to stuffed chicks and chick stickers. At the zoo she would say, "Do they have chicks here?" I waited for this craze of hers to die down. I waited and waited. But soon it was the dawning of birthday season, and I knew what I had to do.

Operation Baby Chick. I researched chickens and was steered to silkie bantams, a small breed with wildly soft plumage, because they're known to work well as pets. They are friendly creatures that will follow a kid around the yard. Silkies originated in China, the same place where my girls were born before we adopted them as infants. This helped elevate the chickens in my mind. Treasures from the Orient. Feathered friends frolicking in the yard. Um. *Chickens.*

> "I really don't know if it's possible to bond with chickens"

Driving home with the peeps in a box on the seat next to me, two gray and two white, I'm doing my best to become the poultry type, but it's a stretch. Blitz and I bonded without effort. I really don't know if it's possible for me to bond with chickens. Does it matter? This is for my girls. This is *their* dream pet.

When I get home, I put a red bow on the box and tell Anna to close her eyes. I place the box on the kitchen floor. *Cheep, cheep, cheep.* Anna already knows. She opens her eyes, runs over. Her mouth and eyes are saucers. She reaches. She scoops u one of the chicks. "These . . . are . . . mine?" she asks, as if to confirm before she loses her mind to joy. nod. She holds the chick to h cheek. She is actually quivering. "*M chickie! My chickie! My chickie!*" It goe on like this until bedtime.

I have the happiest girl in th world living in my house. When sh isn't holding the chicks, or rockin the chicks, or petting the chicks, o allowing the chicks the run of he dollhouse, she is watching the chick sleep. This, she tells me, is the be day of her life.

And so it's all been worth it so fa We'll see how it goes as my husband Alex, and I go about figuring ou how to build a chicken coop an keep the cats and dogs out of i We'll negotiate who will be re sponsible for egg gatherin and chicken-coop cleaning surely a strain on any mar riage. And if one of thes chicks turns out to be rooster, *cock-a-doodle-doo*in me awake at dawn. I canno say what, exactly, I will do.

Tucked in her bed, Anna is exhaust ed. "Mommy, I have chicks! I hav chicks!" she is saying, unable to releas her hold on the best day of her life Then she tugs me near. She whisper in my ear. "I know what Sasha want for her next birthday," she says.

"You do?" I say.

She pulls me even closer. "Baby pigs."

Do you know a true tale of animal love you'd like us to consider for this column? If so, send us a paragraph at: lhj.animalaffairs@meredith.com

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Scenes From a Marriage

Kiss

What does your current kissing status and style say about *your* marriage? Discover how the seasons of your love speak through the language of your kisses

BY FRANCINE PROSE



I am with the man I will eventually marry, and we are at a crowded party at a friend's New York City apartment. At some point, we kiss. We kiss our way out the door and down onto the street, not stopping to catch our breath until we reach the shelter of a nearby doorway. It's a warm September evening, and we walk back to my apartment. The kiss lasts 30 blocks. It takes us a long time to get there. But I am not aware of the minutes passing, since the world and my sense of time are completely fading away, leaving only the two of us, and the kiss. Surely, it's a miracle that we're not hit by a car.

Sealed with a kiss. Prelude to a kiss. You must remember this: a kiss is still a kiss. . . . All we have to do is think about kissing, and fragments of poetry, old movie titles and lines from favorite songs start running through our heads. Even now, when it often seems that we've CONTINUED



lost our ability to be startled or shocked; even now, when our level of comfort with the subject of sex would have made our grandmothers blush; even now, when it's possible to watch the most graphic depictions of lovemaking on the afternoon soap operas; even now, a kiss—that sweet and innocent pressure of lips upon lips—still has the power to change our lives forever.

All around us, we see evidence of the enormous power—and variety—of a kiss, and of what a kiss can signify. Consider, for example, the difference between the provocative, sensational, publicity-grabbing kiss exchanged by Madonna and Britney Spears, and the joyous, enraptured kisses that we see on the news when couples are reunited after being separated by war. Obviously, we're talking about something more than a friendly peck on the cheek, something quite different from those besotted kisses a mother gives her newborn baby, or the kisses we aim at our children's foreheads as they're running off to school. A romantic kiss is an experience unlike anything else. Time stops; the world around us disappears. For once, we don't need to remind ourselves to live in the moment, because, for once, there is nothing *except* the moment, and we no longer have the presence of mind to remind ourselves about anything at all.

Part of what makes a romantic kiss seem so important is that it's often the first clear acknowledgment that something more than platonic friendship or lighthearted flirtation is at work. A kiss is a watershed, a marker. Once two people have kissed, a boundary has been crossed, a sea change in the relationship has occurred. Whatever they were a moment before, they are now two people who have kissed. And where do they go from there? A kiss is a promise that may or may not be kept, a first step down a road that leads to . . . what? Perhaps to marriage, which will be solemnized at the beginning, and reaffirmed over time, by still more kisses.

A kiss is a promise that may or may not be kept, a first step down a road to a shared future

I am in an airport, having gone to Florida to visit a friend. Howie and I have known each other for about six months, and this trip marks the first time we have spent any significant amount of time apart. The plan is that he will meet me in Miami, and I am waiting to find his face in the crowd.

I am deliriously happy when I see him. We kiss, and it's like the reaffirmation of a promise, like getting to know one another all over again—within a matter of seconds.

If, as the ancient Hindus believed, our exhaled breath is the physical manifestation of our vital life force, then every kiss on the lips is a soul kiss, and what we're passing back and forth is as deep as the spirit itself. Kissing is nothing if not a time-honored practice. One of the first references to kissing—or at least to touching noses—occurs in a Sanskrit Vedic text from 1500 B.C. The Kama Sutra, a text dating to A.D. 300, contains an entire chapter listing variations on the simple kiss. According to anthropologist Helen Fisher, the vast majority of us around the world kiss in one way or another.

The father of evolution, Charles Darwin, suggested that the desire to smack our lips against the lips of another was instinctive; indeed, anthropologists think the origin of the kiss may be related to premastication, a practice that originated in the Dark Ages, before processed baby food, when a human mother—like a mother bird—chewed up her food until it was soft and then transferred it to her infant's mouth.

This is probably not what we want to be thinking about in the midst of a romantic kiss. But still, at cooler moments, we might reflect on the fact that the function of the mother-baby food transfer—so different from those Hollywood smooches that make the cameras spin around and the violin music come up—relates to something as basic and necessary as sustenance and survival. Which would mean that the kiss originated in a custom developed to ensure the continuation of the human race, to help us nurture our children—and to persuade us to have them in the first place.

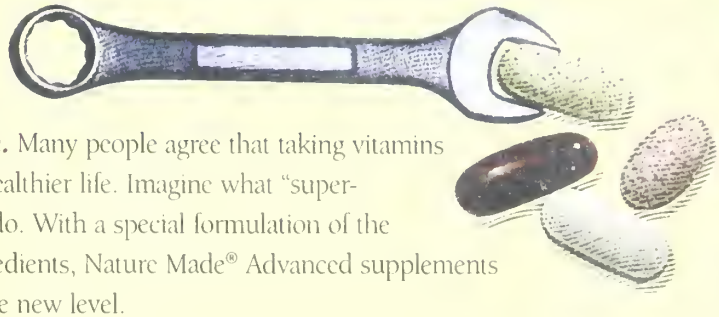
I am in the hospital. I have just given birth to our first child, a son, and I am waiting for Howie to take me and the baby home. The hospital is an hour or so from our house, and Howie is late.

Perhaps it's the fault of the intense and unpredictable hormones that are coursing through me. Perhaps it is the advent of motherhood. But I am terribly worried and, before my eyes, I keep seeing a succession of hideous accidents, disasters, CONTINUED

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I am about to tell him how worried I'd been, to describe the fears and horrors that had been going through my mind. But before I can say anything, he kisses me. It's different but no less exciting and ultimately even more meaningful and intense than the long kiss we'd exchanged that first night, on the streets of Manhattan. It's not about getting acquainted but about christening a new phase of our lives; not about becoming lovers but about becoming a family. We look at each other, and at the baby. And I burst into tears.

Kissing exerts a powerful effect on our bodies as well as our hearts and souls

Kissing exerts a powerful effect on our bodies, as well as on our hearts and souls. It burns calories, relieves tension and may cause the release of a neurochemical called oxytocin, which not only relaxes and soothes us but also strengthens the bonds of affection. One German study found that giving or receiving a good-bye kiss on our way out the door each morning is associated with prolonged life, a reduced number of missed work days and even fewer auto accidents on the way to our jobs.

It is a winter morning. The children are little and we are living in the country. Howie sets off, as usual, to drive our two boys to nursery school. I am an intensely superstitious person, and every time Howie or either of our sons leaves the house, I am extremely vigilant about kissing them good-bye. "Drive carefully; I love you," I always say. On some level, I truly believe that my kisses help keep them safe, just as my telling them I love them protects them from the risks and perils of the dangerous world beyond our doorstep.

But on this morning, I get a phone call that distracts me and I forget the good-bye kiss. When I realize they have left without it, I am nearly paralyzed with dread: What if something awful happens? It's hard to convince myself that I am being unreasonably superstitious—until at last I hear the car in the driveway and realize that Howie had somehow managed to make his way home even without my kiss's magical protection.

Perhaps, in the future, kissing will prove to have some even more essential biological purpose. Perhaps it will turn out that we kiss as a consequence of some genetic drive, that actually it's our chromosomes moving our lips toward those of our beloved. Not long ago I read a book on genetics in which a scientist claimed that having frequent sex boosted a male's testosterone level, which in turn increased the likelihood of having a male CONTINUED



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child. Who knows what complex genetic machinery is being worked out in a kiss, what sort of superior baby might be produced when parents spend a lot of time kissing?

Maybe that's one reason why, as a love affair progresses into marriage and parenthood, kissing is less likely to occupy the time and require the attention we devote to it when we first fall in love. Even long-married lovers still kiss, of course—and not merely to exchange that off-to-work peck on the lips. A kiss can be utterly thrilling and romantic, even after many decades. But kissing is less likely to be an activity that married couples spend whole evenings engaged in. Frankly, I can't imagine indulging in a protracted public kiss through the streets anymore. For whatever reason, that seems to be the exclusive province of the young.

Maybe the reason we're less likely to indulge in those marathon kisses has partly to do with the passage and allocation of time. Kissing for hours takes hours—time we may no longer have as we struggle to maintain any sort of romantic life amid the demands of work, family and home. However much we miss those early embraces, reviving them may not be beneficial to our family's health. If kissing is instinctive, there's an instinct of another sort that warns new parents that even at the height of passion, they had better be able to hear the baby crying.

Yet even the most harried couple can steal some time to kiss, and all it takes is one kiss to remind us of how delightful it is. In fact, a long romantic kiss stolen from a busy life can feel a little exotic, even dangerous, like some slightly kinky form of sex you've always meant to try but haven't dared to. As a leisure activity, it's ideal—not just inexpensive but free, entertaining, entirely engrossing.

> There's a deep sweetness about kissing someone to whom you've been married a long time

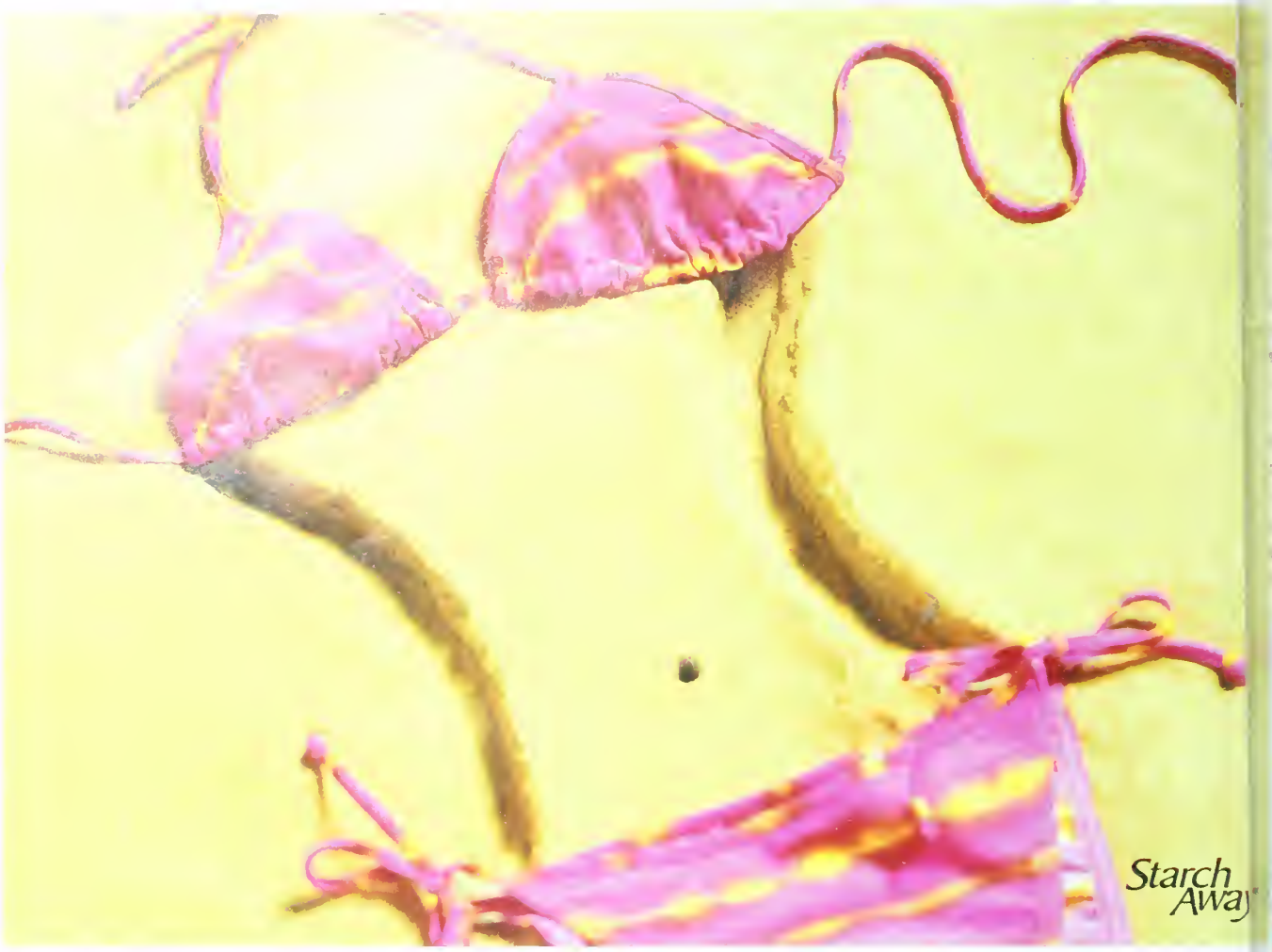
And what's remarkable is how, despite age and time, a kiss still retains its power to make the outside world drop off the fat edges of our peripheral vision, to make our minds stop going through the nagging worries, the grocery lists, the undone chores. At any stage of a marriage of long standing, the kiss can erase all reality and narrow the world around us down to the more manageable, pleasurable and thrilling universe of our lips and the lips of the person we love.

There's a deep sweetness about kissing someone to whom you've been married for almost 30 years, as I have been to my husband, and whom you still find attractive. And part of what makes it so moving and so intense is that every kiss seems to contain every kiss that came before it, a history of kissing that's lasted (we sometimes realize) longer than the time we spent, separately and individually, on Earth before the moment we met, and before that first time we kissed.

LHJ.com **How healthy is your marriage? Take the quiz: www.lhj.com/marriagequiz**



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The Secret to Success

Got something in your life you want to change? Your jeans size, your ballooning credit-card debt or your relationship with your boss? A friend can listen and support you, but a "goal sister"—a friend who is committed to holding you accountable for following through with your aspirations—can help you enact real, lasting change. That's because being held accountable increases our odds of success, says Michelle Beaulieu Pillen, Ph.D., a psychologist and the co-author of *Goal Sisters: Live the Life You Want With a Little Help From Your Friends,* which describes how to cultivate this type of motivational friendship. "We all get distracted in our lives, which makes it easy to lose focus on our goals—to cheat on a new diet or exercise routine," says Pillen. "But a goal sister is there to keep you on track. If you know someone is going to ask you about your progress, you'll be less likely to slack off." —*Betsy Stephens*



Is Work Stress Hurting Your Marriage?

[illegible]

When Men Don't Measure Up

For years, women have been bombarded with images of lithe, leggy, airbrushed models sporting bodies more perfect than we could ever dream of having—not a plight most men can relate to. But that may be changing, according to a recent study in the *Journal of Social & Clinical Psychology,* which found that 158 male college students experienced high levels of body dissatisfaction and depression after they were confronted with television ads of shirtless men with lean, muscular bodies.

So there's hope that someday men may truly empathize with our situation. In the meantime, you may want to think twice about hanging that calendar of hunky firefighters on the wall if you don't want to send your husband into a funk. —*B.S.*

LHJ.com **Start the journey of self-discovery—visit LHJ.com's My Life channel at: www.lhj.com/mylife**

WHY YOU CAN'T DATE YOUR HUSBAND

I had to do it. Every marriage guru on the planet said so. "Make a Date With Your Husband!" I knew John and I were in trouble when a good friend sent me *The Fun Book for Couples: 102 Ways to Celebrate Love*. "Honey," I said one day as I thumbed through the pages, "how would you like to paint each of my toenails a different color?" John looked at me as though I were speaking Urdu.

So, Date Night. I set the ground rules: Fun was the byword of the evening—no discussion of anything having to do with finance, home repair, annoying family members or, most of all, our 2-year-old twins. We'd get dressed up for each other! We'd go dancing! All right, no dancing, since we both hate that, as well as team sports and fish.

When we met at the candlelit bistro, John handed me a bouquet of red roses. "I know you like those peach ones, but do you know how much they wanted for them? Two dollars apiece! I got *twice* as many of these for the same price. And then I told the guy it was a special night, so he threw in two extra and . . . *My God*, how much are the drinks here?" he said, suddenly alarmed. "I can't see, it's so damn dark. Why should a whiskey cost $15? It's not like they have a high electricity bill!" Believe me when I say my husband is, at heart, a romantic man. It's just that he likes a good value.

Later, my doubtful heart warmed by two vodka gimlets, we left the bistro to find our pedicab—a cart for two pulled by a man on a bicycle—waiting outside. I had the right about touring New York in a horse-drawn



carriage, but a pedicab seemed more hip. "I've gotten into a suit so we can travel by rickshaw?" John said in disbelief. "This man better be in good shape. We're too heavy to have this poor fellow pedaling us around." Okay, this wasn't going the way I'd planned. John and the pedicab driver were avidly debating the war in Iraq, while I sat there wondering if we could stop at a bookstore so I could buy a copy of *The South Beach Diet*.

Still, while John pontificated, he held my hand. And when we arrived at the Indian restaurant, he held the door of the rickshaw open for me. The restaurant is on the top floor of a tall building, with drapery the colors of cinnamon and apricot, and a beautiful view of Central Park. John doesn't like Indian restaurants. But then he hates all restaurants—the noise, the small portions and, most of all, the people. But at least this one had wonderful food and flattering lighting. We began to talk. I thought about how much I still loved to look at my husband . . . how much one of our boys looked like him . . . and then I thought I should give the baby-sitter a call. *No*. I stopped myself, took a breath. Everything was fine. John started to ask me if I'd called our accountant about a problem we were having, then stopped in mid-sentence. We stared at each other in silence.

We lasted all of five minutes without talking about our children. And that's when it suddenly dawned on me. I had been single until I was 33. I'd spent many, many nights of my life in lovely places like this, chatting with people I didn't know about topics I didn't care about, all the while hoping my lipstick was on straight. I hated dating. I never want to do it again. In fact, I love the silly, mundane ways the lives of married people intertwine. Does familiarity breed, if not contempt, then annoyance? Sure, sometimes; I didn't really need to know the price of the roses, and I wish John could enjoy a cool pedicab ride around Manhattan. Instead, I married a tightwad who worries about the plight of the workingman and the ups and downs of our little boys' lives. Plus, after 10 years of marriage, he still reaches out unthinkingly for my hand like it's the most natural thing in the world. Life could be worse.

You can't date your husband. And to that I say, Hallelujah.

LHJ.com Looking for some real-life marriage tips? Don't miss our couples' clinic at: www.lhj.com/couplesclinic

BY JUDITH NEWMAN

Think your over-the-counter pain relievers for arthritis or joint pain are totally safe?

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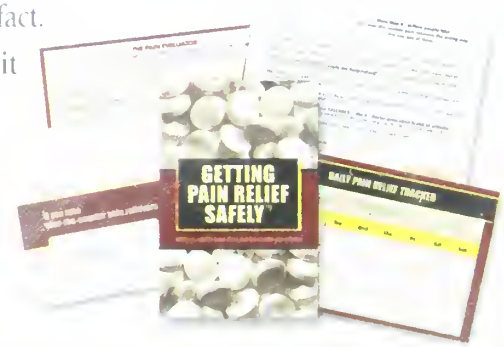
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*en Ramey, Dena, Singh, Gurkirpal. NSAID Induced Gastrointestinal Complications: The ARAMIS Perspective - 1997. The Journal of Rheumatology, Vol. 25, Supplement 51, May 1998.

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Leave Your Worries Behind

Women are particularly prone to overthinking disappointments, slights and defeats. Use these insights and strategies to stop dwelling on the dark side—and start getting more of what you want in life

BY SUSAN NOLEN-HOEKSEMA, PH.D.



Veronica, a 27-year-old stay-at-home mom, adores her toddler twins and thrives on her full slate of charity work and community activities. To her friends, she seems perfectly fulfilled, and indeed, she has plenty of reasons to be content and confident. But not infrequently, in those moments when she isn't teaching her kids to swim, meeting for a fund-raiser or otherwise busy, the voice of a reverse cheerleader starts in her head. Before she knows it, she's knee-deep in a muck of negativity.

What's wrong with me that I never feel completely satisfied with what I'm doing? she frets. *I just keep agreeing to more committees and activities. I don't know, maybe I'm wrong about the wrong things in my life. I say I like being a stay-at-home mom, but do I really*

From there, the anxieties come fast and furious: *I'll never get rid of the pregnancy weight. I'm 15 pounds too fat right now, and it will only get worse with age. What if Rick meets some pretty, thin young thing at work and gets sick of me? How would I ever get a good job again? I never liked the job I had before having the children, and my boss never liked me.*

Women like Veronica find they can ruminate about anything and everything: appearance, marriage, career, health. They often feel this kind of fretting is just a function of being female, part and parcel of our caring natures. But I have found it's much more complex than that, and much more insidious. As a professor of psychology at the University of Michigan, I've spent 20 years researching the phenomenon I've come to call



overthinking—getting trapped in tor- nts of negative emotions. This kind of morbid meditation rarely leads to solutions to everyday problems, but it does hinder a woman's ability to lead a satisfying life.

Overthinking is not just middle-of-the-night tossing and turning, though it often does get louder when the house is finally quiet. It can overwhelm women anytime, such as when they're driving to work or cooking dinner. One can overthink a boss's curt e mail, a child's bad grade or a husband's lackluster gift.

Of course, concerns having to do with jobs, kids and husbands are at the heart of our well-being. How can we avoid pondering them? We can't, but overthinking involves taking these ruminations to extremes that interfere with our capacity to make good decisions. Sometimes it can drive friends and family members away and even wreck our emotional health. Women are twice as likely as men to become severely depressed, and our tendency to overthink appears to be one of the reasons.

It doesn't have to be this way, however. We can rise above our oversensitivity and learn to recognize the emotions that trigger these thoughts so we can express them appropriately. We can maintain serenity in times of conflict, confusion, chaos, even tragedy. We can be the directors of our own emotional lives.

AN UNHEALTHY CYCLE

When you overthink, you go over and over your negative thoughts and feelings, examining them, questioning them, kneading them like dough. An overthinker, recollecting a recent conflict with a friend, for example, may find herself replaying the scene in her CONTINUED

mind. *How could she [illegible] that to me? How should I react?*

A healthy person should be able to answer these questions quickly—*she was in a hurry, I'm sure, so I'll just blow it off*—and then move on. But for an overthinker, these questions lead to more questions: what I call the yeast effect. Just as yeasty bread dough will double in size after it's been kneaded, our negative thoughts grow and grow, eventually filling the brain to capacity. *What if I can't confront her?* an overthinker wonders. *Why didn't my parents teach me how to handle anger?* And on and on it goes.

People often confuse overthinking with simple worry. Worry involves the "what ifs" of life: *What if I don't say the right thing? What if my son gets another D?* Worriers spend tremendous energy anticipating everything that could possibly go wrong, and thinking about what they should do. Overthinkers are terrific worriers, but they go further. Much of overthinking is focused not on things that might happen in the future, but on things that have happened in the past—things they may have done, situations they wish had gone differently. Worriers wonder if something bad is going to happen, but overthinkers are certain that something bad has already happened. After a while, they are convinced that they are stuck in a mediocre job, that their marriage is failing or that their friends don't really like them.

The causes of overthinking are complex. One theory is that our brains are made up of interconnected networks of memories and feelings, and one negative thought sets off a chain reaction. Other research suggests that it is a by-product of our stress-fraught, competitive society. We have so many choices, but how do we decide what's best for us? In previous generations, women were guided by their parents, their religion and by society's norms. Today we can choose which profession to pursue, whether and whom to marry, and whether or not to have children, and when. But was each a good choice? Success has become a moving target. We get a promotion only to read an article about a college dropout who started his own company and reaped billions, or a study that says kids suffer when parents work long hours. And so we brood.

In one of my studies, 57 percent of the women said talking to a friend helps put a stop to such worries

What's interesting is that overthinking is a syndrome of only the young and middle-aged. In a study I conducted of 1,300 adults, 73 percent of the 25- to 35-year-olds and 52 percent of those 15 to 55 years old could be classified as overthinkers. Yet adults over 65 had a lot of trouble understanding what I was describing. Despite having confronted all sorts of hardships over the decades—illness, job demands, sending children to war, losing spouses—most of these adults looked puzzled when asked if they ever found themselves thinking for long periods of time about how sad or anxious they felt. "Well, not very often," was the typical response. "That wouldn't be a helpful thing to do, would it?" Rather than getting trapped in overthinking, older adults had used their values and faith to cope with what life had dealt them.

CAN YOU BREAK THE CYCLE?

Putting a stop to overthinking can be tough, but I've found a number of methods that work.

•*Get physical.* If you're caught in a frenzy of overthinking, forcing yourself to do something else for several minutes can be quite effective. Exercise works well, as does gardening or indulging a hobby. Losing yourself in activity breaks the connections between the negative thoughts in your mind.

•*Hand it over.* A little prayer asking for support helped many of the women in my research, as did turning to a friend to help sort through their issues. Fifty-seven percent of the women in one study said they often talked with others to break their overthinking cycle.

•*Put it in your date book.* Some women gain control by scheduling overthinking hours, time they set aside to think about things that are bugging them. By getting their worries out of the way, they're freed up to focus on more pleasant things. And people often find that once the hour to brood arrives, the issues they were fretting over don't seem so dire.

Such techniques help to push you away from negativity and toward a more positive frame of mind. By quieting overthinking, they can help to give you some peace at last.

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Easy Low-Carb Meal Planning



Using Nutrition Labels

Counting carbs? Food labels can provide the information you need to make the best choices, if you know how to read them properly. Get to know the following parts of the Nutrition Facts panel:

Serving Size. Make sure the serving size you plan to eat is the same as the amount on the label. If it's more or less, adjust the amount of carbs you consume accordingly.

Total Carbohydrate. This is the amount, in grams, of carbohydrates in a serving. This number alone does not tell you how the carbs affect your blood sugar and are digested.

Dietary Fiber. Fiber is an indigestible form of carbohydrate. Subtract fiber from the grams of Total Carbohydrate to get Net Carbs, the only carbs that impact blood sugar and therefore the ones you need to count.

Sugars. Listed under Total Carbohydrate, you'll find the amount of sugar in the product. When you're watching your carbs, avoid added sugars — those that are not naturally occurring. For example, if you see sugar listed as an ingredient on the label, it's a safe bet that some

Sugar Alcohols. Found in sweet-tasting items, sugar alcohols are popping up on the labels of a new breed of product low-carb foods. Like fiber, these have a minimal impact o blood sugar; so subtract them from total carbs when you see the number listed on a Nutrition Facts panel.

Portion Control

Watching your portions is important when you're controlling carbs. When it comes to protein sources, like fis poultry, red meat, and tofu, you can eat until you're sati fed but not stuffed. Fruits, vegetables, whole grains, and other carb foods are trickier. Get to know the number of carb grams in these foods and use these guidelines t visualize proper portions:

Whole thumb	1 ounce of cheese
Palm of your hand	3 ounces of cooked meat, poultry or fish
A fist	1 cup green salad
An ice cream scoop	½ cup cooked vegetables
A tennis ball	1 cup sliced fruit
A baseball	1 cup rice, cereal or pasta
A child's handful	1 ounce of nuts

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Weight-Loss Motivation

By Nicci Micco

When the double-fudge brownies beckon or you feel velcroed to the couch, try these ideas from the experts to help you find your "get up and go."

Here are 10 tips to give your eat-right, move-more efforts greater endurance



1 **Eliminate Excuses.** "Even if you're not a morning person, schedule exercise for first thing in the morning," suggests Martica Heaner, M.A., a New York-based exercise physiologist and author of *Cross Training for Dummies*. "The later you wait to exercise, the more reasons you'll have for not doing it."

2 **Plan with Your Man.** A study at Indiana University in Bloomington found that 94 percent of spouses who worked out together stuck to their exercise plans, compared with only 5[illegible] percent of those who went at it alone.

3 **Kid Around.** [illegible] finding time to work out with a stroller [illegible] Before Children) — but [illegible] family precedes fitness on your list of priorities doesn't mean there isn't room for both. [illegible] Get your children involved [illegible] take a family hike, go [illegible] follow [illegible]



4 **Write It Down.** Keep your own food and exercise log. People who are successful at losing and maintaining their weight are good at self-monitoring, according to several studies.

5 **Seek Inspiration.** Feeling a little less than vibrant? Find a mental mentor to get you moving. That's how Sarah Ferguson, former Duchess of York, keeps revved. Saying negativity drains energy, she counts the Dalai Lama and Nelson Mandela among her positive-energy role models.

6 **Tune In to Tone Up.** When it comes to exercise, music can move you — not only because it offers mental stimulation, but also because it may help put you in a better mood. "Music's rhythm also helps exercisers maintain a reasonable intensity level," says Vince Nethery, Ph.D., professor of exercise science at Central Washington University, in Ellensburg, Washington.

7 **Paint Pretty Pictures.** How will eating better or sticking to an exercise plan make you look and feel in the long term? Create "life preservers," detailed visions of your ideal self, suggests Charles Stuart Platkin, author of *Breaking Pattern: The 5 Principles You Need To Remodel Your Life*.

8 **Treat Yourself.** Did you refrain from finishing your daughter's fries today? Did you take a brisk walk on your lunch break? Reward yourself. "Treat yourself to a simple pleasure," suggests Dr. Rachna D. Jain, Psy. D., a lifestyle coach and licensed psychologist in Columbia, MD. "Promise yourself thirty minutes of quiet time to read a novel, or buy yourself a new set of luxurious bath gels."

9 **Sweat for a Cause.** Sign up for a charity walk/run, like Race for the Cure (www.komen.org/race), which benefits breast-cancer research, or the MS Bike Tour (www.nationalmssociety.org), which raises funds for multiple-sclerosis research. You'll help yourself by helping others.

10 **Dress for Success.** "If you're the kind who exercises in T-shirts and baggy sweats because your body wasn't meant for Lycra, think again," says Heaner. "Shapeless exercise clothes actually make you look worse than fitted ones do." Check out Reebok's Fit System line (www.reebok.com), for workout wear to flatter more rounded bodies.

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Chill out with these refreshing low calorie, fat free treats!

Sparkling Black Cherry Ice

INGREDIENTS

- 1 cup boiling water
- 1 pkg. (4-serving size) JELL-O Brand Black Cherry Flavor Sugar Free Low Calorie Gelatin
- 1 cup cold black cherry-flavored seltzer
- ½ tsp. grated lemon peel
- 3 tbsp. freshly squeezed lemon juice

DIRECTIONS

STIR boiling water into gelatin in large bowl at least 2 minutes until completely dissolved. Add seltzer, lemon peel and juice; stir until well blended. Pour into 8-inch square pan; cover. Freeze 3 hours or until firm. REMOVE mixture from freezer; let stand at room temperature 10 minutes to soften slightly; then spoon into large bowl. Beat with electric mixer on medium speed until smooth. (Or, place in a food processor container; cover and process until smooth.) SPOON or scoop gelatin mixture into 6 individual dessert dishes to serve.

NUTRITIONAL FACTS per serving:

Calories	10	Sugars	0g
Total fat	0g	Protein	1g
Saturated fat	0g	Vitamin A	0% DV
Cholesterol	0mg	Vitamin C	6% DV
Sodium	40mg	Calcium	0% DV
Carbohydrate	1g	Iron	0% DV
Dietary fiber	0g		

JELL-O® Fruit 'n Juice Squares

INGREDIENTS

- 1½ cups boiling water
- 1 pkg. (8-serving size) or 2 pkg. (4-serving size each) JELL-O Brand Strawberry Flavor Sugar Free Low Calorie Gelatin
- ice cubes
- 1 cup cold orange juice
- 1 can (8¾ oz.) fruit cocktail, drained
- 1 tub (8 oz.) COOL WHIP LITE Whipped Topping

DIRECTIONS

STIR boiling water into gelatin in large bowl at least 2 minutes until completely dissolved. Add enough ice to juice to measure 1½ cups. Stir into gelatin. Refrigerate about 30 minutes or until slightly thickened. Remove 1½ cups of the gelatin; stir in fruit. ADD ½ of the whipped topping to remaining gelatin; stir with wire whisk until well blended. Pour into 8-inch square dish. Refrigerate about 10 minutes until set but not firm. Carefully spoon fruited gelatin over creamy layer in dish. REFRIGERATE 3 hours or until firm. Cut into squares. Garnish with remaining whipped topping.

NUTRITIONAL FACTS per serving:

Calories	80	Sugars	8g
Total fat	3.5g	Protein	2g
Saturated fat	3.5g	Vitamin A	2% DV
Cholesterol	0mg	Vitamin C	15% DV
Sodium	60mg	Calcium	0% DV
Carbohydrate	12g	Iron	0% DV
Dietary fiber	0g		

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A guide to

Smart Eating

By Wellness Expert Ann Kulze, M.D.

What is Smart Eating?

It's a "feel good about yourself" way of eating at Ruby Tuesday, with choices that fit just about any kind of diet that suits you. The menu now includes Smart Eating choices in every section, including appetizers, salads, wraps, entrées — even desserts. And every item has nutrition information to let you know how many calories, grams of fat, carbohydrates and fiber it contains. From the signature salad bar — with lots of choices that let you reduce calories, fat and carbohydrates — to more than 40 low-carb choices, you can eat smart at Ruby Tuesday.





How Ruby's Famous Salad Bar Can Improve Your Health

Ruby Tuesday's signature salad bar is a delicious and convenient way to eat a variety of vegetables and fruits, one of the most powerful ways you can eat your way to better health! Fruits and vegetables are "magic bullets" when it comes to a disease-preventing diet. There is no more practical and user-friendly way to get the recommended daily amounts of fruits and vegetables (seven servings per day for women and nine per day for men) than to eat plenty of salads. The Ruby Tuesday salad bar makes it easy to get four or more servings in one sitting!

For decades, medical science has known that fruits and veggies are loaded with health-promoting vitamins, minerals and fiber. Recently we have also learned that they are loaded with an extraordinary class of disease-fighting nutrients known as phytochemicals. Increasing your intake of fruits and vegetables can protect against a broad range of diseases and improves your chances of maintaining a healthy weight. So take a brisk walk to the salad bar, and eat your vegetables!



Why The Switch To Canola Oil Is Ground-Breaking News

All fried foods prepared at Ruby Tuesday are now cooked in canola oil, a highly monounsaturated oil that is a "superstar" food when it comes to heart health. Most national restaurant chains use frying oils that contain trans fats, which elevate LDL (the "bad" cholesterol), lower HDL (the "good" cholesterol), increase blood stickiness and elevate triglycerides. Canola oil, on the other hand, can protect against cardiovascular disease because it lowers LDL, decreases the chances of abnormal heart rhythms and decreases blood stickiness. So it's big news for a big company like Ruby Tuesday to offer foods that allow you to eat more "good" fats and consume fewer "bad" fats as part of a Smart Eating strategy.

Ann B. Kulze MD

– Dr. Ann

765 Reasons To Love Ruby Tuesday.

♥ More Than 40 Low-Carb Dishes,

♥ 38 Low-Calorie, Low-Fat Choices,

♥ And At Least 689 Salad Bar Combinations!

♥ New Kid's Smart Eating Menu

♥ Plus Full Nutrition Information On The Menu For EVERY Item

Items under 600 calories and 25 grams of fat. Per-person servings.
Some menu items and nutrition information may not be available in some restaurants.

At Ruby Tuesday, you'll find hundreds of choices to satisfy your cravings for great taste and great value. All your old favorites and dozens of new low-calorie, low-fat additions, plus a salad bar with endless healthy combinations. And now you'll also find information that shows how many calories, fat grams, net carbs and fiber are in every one of the 110 items on the menu. It's Ruby Tuesday's Smart Eating™, and it's love at first bite. For the location nearest you or more information about Smart Eating, visit www.rubytuesday.com.

RUBY TUESDAY'S Smart Eating™ THE HEALTHY WAY



Low-Carb Spring Chicken Salad

Ruby Tuesday

12 Steps to start a Low-Carb Diet



Switching to a low-carbohydrate diet? Switching to a low-carbohydrate diet requires more than just swapping meat for pasta, and eggs for oatmeal in the morning bagel. These tips, suggestions, and advice will help make the transition from a high- to a low-carbohydrate diet.



Make every carbohydrate count. When you eat carbohydrates, reach for complex carbohydrates such as whole grain breads and pasta, legumes, nonstarchy fruits, and vegetables.

Pick produce that triggers lower glucose response. Fruits and vegetables with the lowest glycemic index include apples, apricots, asparagus, and broccoli.



Read labels. Food labels are required to show how many grams of carbohydrates are in each serving. By reading labels carefully, you can track how many carbohydrate grams are in all the foods you eat.

Skip the soft drinks. Soda, sports drinks, sweetened juices, and other soft drinks are chock-full of low-quality carbohydrates. When you're thirsty, choose diet sodas, sugar-free iced tea, or seltzer water with a splash of lemon instead.

Stock your kitchen with low-carbohydrate foods and snacks. Fill the pantry and fridge with nonstarchy fruits and vegetables, fresh fish and shellfish, lean meats and poultry, dairy products, and low-carbohydrate snack bars.



Think ahead when dining out. You can eat in restaurants even when on a low-carbohydrate diet. Pick a restaurant whose menu doesn't revolve around pasta, like a seafood restaurant or steak house.

Go nuts about nuts. Research studies have shown that consuming almonds and other nuts, which are high in monounsaturated fats, can help control [illegible] and decrease the risk of heart disease.



Have an oil change. Select heart-healthy monounsaturated oils such as peanut, olive, and canola oil for cooking and salad dressings.



Watch your condiments. Carbohydrates hide in condiments such as relish and ketchup, which each have 4 grams of carbohydrates per tablespoon, and barbecue sauce, with about 8 grams of carbohydrates per tablespoon.

Choose lean meats. If you're switching from a low-fat to a low-carbohydrate diet, you might think you now have license to eat lots of fatty meats. Forget it. Fatty meats are high in saturated fat, which is bad for your heart. Select lean beef, pork, or poultry. Remove any skin and trim visible fat.

Fill up on fish. Seafood is high in protein and contains omega-3 fatty acids, which are polyunsaturated fatty acids that protect against heart attack and are vital to the proper function of brain and nerve cells. Omega-3 fatty acids are particularly abundant in higher-fat, cold-water fish such as mackerel, albacore tuna, salmon, sardines, and lake trout.



Get out and move. Exercise is a crucial part of any diet. It speeds up metabolism, burns calories, strengthens and tones muscles, increases flexibility, boosts mood, improves circulation, and so much more. Aim for at least 30 minutes of moderate exercise a day. Combining moderate exercise with a healthful, low-carbohydrate eating plan will help you lose weight and stay healthy.

LHJ.com Get started with a diet planner at www.lhj.com/diet

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Slim Down Your Salad

By Rosemary Black

Your favorite [illegible] can be a high-[illegible] meal in disguise. Do you know what to pile on your plate and what to leave behind?

Calorie Culprits

More women choose salad for lunch than any other food, according to a study by the National Restaurant Association. But not all salads are created equal: When LHJ checked in with two national restaurant chains that feature salad bars, the most popular items included cottage cheese, cheddar cheese and hard-boiled eggs. While tomatoes and red onions were also in the top five, dark, leafy greens – **the foundation for the healthiest salads** – didn't make the list. Here's a guide to help you make a healthy – and tasty – salad.



Good Versus Not So Good Calories

Iceberg lettuce: It pales in comparison to other leafy greens and won't fill you up for the long haul – 1½ cups have only 1g of fiber (experts say you should get 25 to 35 g per day).

Cucumbers: You're getting mostly water here: Half a cup has only a tiny amount of folate and a minimal amount of vitamin A.

Mushrooms: They may add a satisfying, meaty flavor to your salad, but they lack nutritional value – ½ cup has no fiber, only 5 percent of the RDA of potassium and less than 10 percent of Vitamin D.

Spinach: Popeye knew it: Spinach is a powerhouse. For only 13 calories, 1 cup delivers 16mg of vitamin C, 55mg of calcium, 2mg of iron and 2g of fiber.

Cherry tomatoes: With half the RDA of vitamin A and 25 percent of vitamin C, these are worth every calorie (5 tomatoes have just 18 calories). And there's no sodium.

Mesclun salad greens: A mix that includes arugula, radicchio and oak-leaf lettuce has almost half your daily requirement for vitamin A and one fourth of your daily quota of folate, which helps protect against birth defects.

Broccoli: If you have to choose between this and cauliflower, go for the green – ½ cup has 100 percent of the RDA for both vitamins A and C.

Green peas: Help yourself to plenty of these – ⅓ cup contains 40 percent of the RDA of vitamin A and 2g of fiber.

Kidney beans: Add a burst of color to your plate and get a bonus – ½ cup has 5g of fiber and 6 g of protein.

Olives: Stick to black. Five green olives have a whopping 468mg of sodium; whereas, 5 black olives have only 145mg.

Red onions: There's no reason to suffer onion breath: One fourth cup has a scant 15 calories and little else, except some potassium and a teeny bit of vitamin C.

Hard-boiled eggs: A great source of protein (7g in the whites) and low in calories (80 calories).

Roasted red peppers in oil: Skip them if you can: Two tablespoons have 20 calories – 10 of which are from fat – and 125mg of sodium.

Sources: Joy Bauer, R.D. M.S.; Riska Platt, R.D., M.S., and Susan Adams, R.D.

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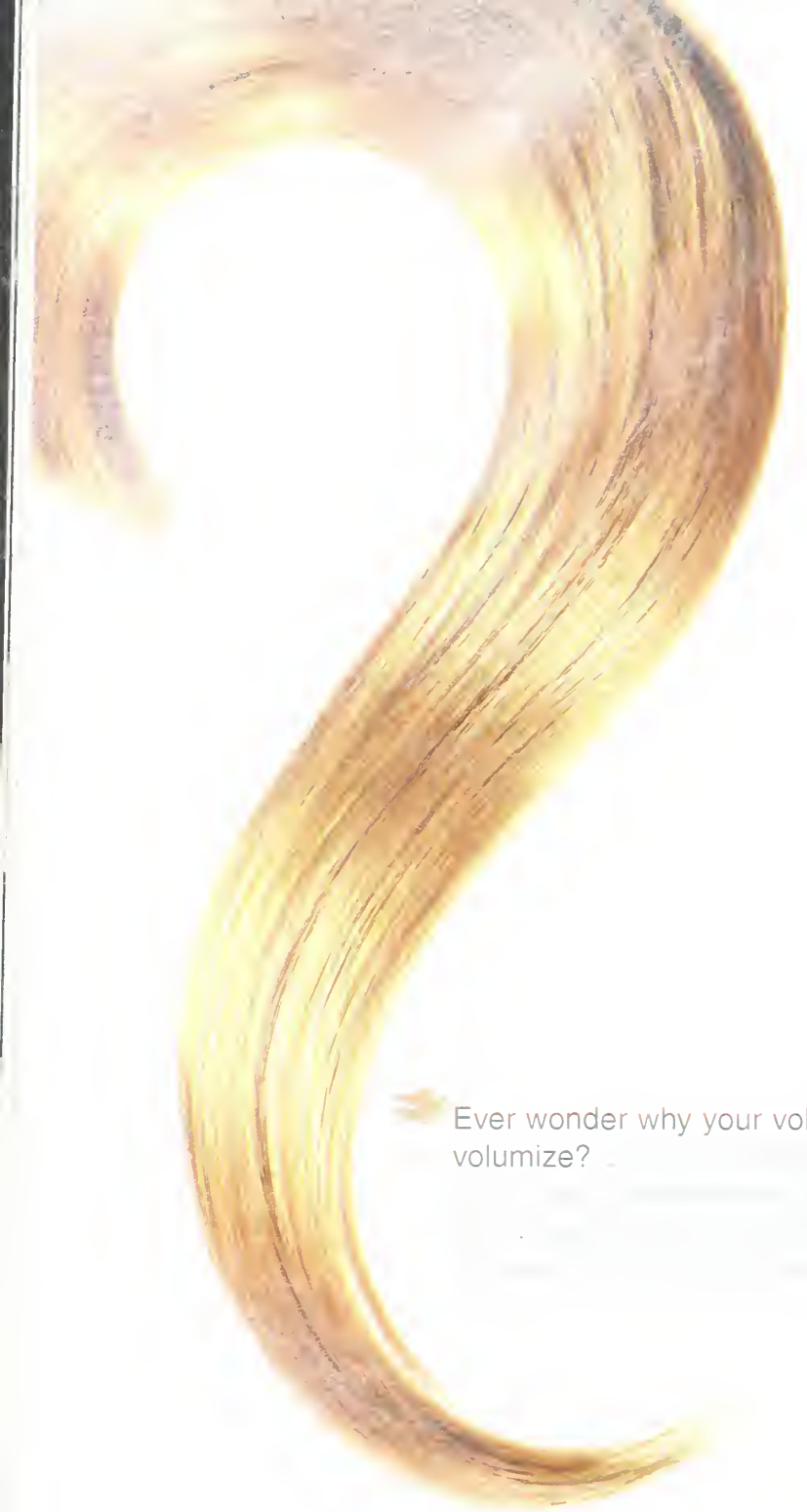
0 grams of carbs per serving. 100% flavor.

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IF YOU'RE COUNTING CARBS, COUNT CALORIES, TOO.
*SEE NUTRITION INFORMATION FOR FAT & SODIUM CONTENT.



Ever wonder why your volumizing conditioner doesn't really volumize?



Smart Beauty Shopper

3 Lipsticks in One

Tired of rummaging through your makeup bag for your lipsticks? So was New York City–based makeup artist Laura Geller, who admitted to carting around four tubes to ensure that she always had just the right shade. That's why she created Make-Up Studios Quick Lips ($25), a slim tube that contains three cream colors, one gloss with SPF 15, and a double-ended brush and mirror. Available in Berry and Creamsicle. To order, go to www.qvc.com.

Patient's Pick

SUN SAFETY FOR EYES

Okay, I confess: I never used sun protection around my eyes. But after recently spending a day in the blazing Florida sun wearing sunblock on just my cheeks and forehead, and seeing freckles pop up around my eyes shortly after, I've become a convert. That's why I love Clinique's Advanced Stop Signs Eye Preventive Cream SPF 15 ($29.50), an antiaging formula that offers gentle yet potent protection—quite a feat, since sunscreen can irritate such delicate skin and sting if it gets into the eyes. The secret to Stop Signs' success lies in a microscopic capsule that prevents the active ingredients from penetrating too deeply into your skin. As for any concerns about slippage, erase them from your mind. This cream stays put.



Thinner Thighs?

This summer, a new batch of anticellulite treatments are claiming to tighten the skin on thighs and rumps as well as reduce the appearance of dimpling. Now you can choose how big a bet you want to place on tackling these spots, since there's a cream to fit every budget. Most feature caffeine, coveted for its circulation-boosting powers, and all require regular use. Medical experts dismiss the "hope in a jar" claims, but only you will know if they truly work.

	Osmotics Lipoduction Body Perfecting Complex, $175 — 6.8 oz.	The Healing Garden Spa [illegible]	[illegible]	[illegible]
THE PROMISE	An 80-percent reduction of cellulite if used twice a day for two months; one bottle will typically last this long.	After one month, expect to see a 46-percent visible reduction in dimpled areas, plus increased firmness.	After a month, you'll see a 60-percent improvement in skin's look and a one-inch reduction off of thighs.	A dramatic one-inch reduction around hips and thighs after one month of use. Drink lots of water to boost results.
THE THEORY	An exclusive delivery system gets the active ingredients to the skin's deeper levels, where fat is stored, claims Osmotics.	Massaging troubled areas with this mousse, which actually crackles on the skin, encourages the body to flush fat out of the cells.	The formula focuses on boosting sluggish circulation (a contributor to cellulite) with gingko biloba and ginseng.	A medley of botanical ingredients, such as basil and grapefruit, helps trigger the slimming process.
THE DIFFERENCE	Caffeine is combined with a megadose of grape-seed extract, an antioxidant that helps improve the skin's appearance	The formula comes in an aluminum bottle, which helps keep the ingredients fresh and active.	A fresh floral scent makes using this product a pleasure.	The formula contains essential oils that claim to reactivate a sluggish circulation.

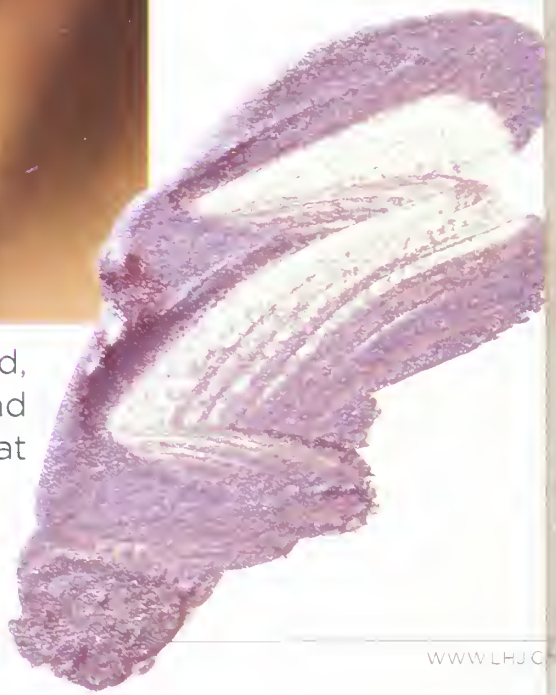
LHJ.com **Let our beauty director** solve your beauty dilemmas! Go to www.lhj.com/askbeauty to submit your questions.

Dreamy, Creamy Makeup

If an easy yet finished look is what you're hankering for this summer, you'll love this season's crop of creamy makeup. Now available in eyeshadows, blushes or highlighters, creams glide on smoothly and allow your skin's natural tone to shine through while still delivering fantastic, vibrant color. Better yet, cream makeup is longer lasting than it used to be and is even available in crease-proof formulas. Want to wear it but don't know how? Let us take out the mystery for you.

CONTINUED





More sheer than powder but just as polished, the new cream highlighters, blushes and shadows can stand up to the summer heat

CANDYSTAND.com



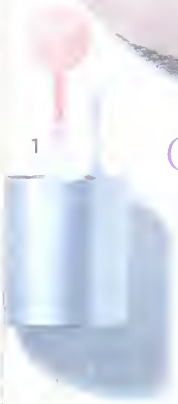
True orange taste.

No sugar carbs.



TRUE FLAVOR





On Cheeks

Why It's Great: Cheeks glow as if lighted from within, without the blocky color that sometimes occurs with powders.

How to Wear It: Apply a dime-size amount to the apples of your cheeks and blend with a circular motion of your fingers, advises Kimara Ahnert, a New York City–based makeup artist. Women with oily complexions should follow up with a light dusting of sheer powder to set blush without diluting the color. Just be sure not to apply a cream over powder, as it won't spread evenly and will start to look cakey.

What to Try: (1) Hard Candy Sweet Cheeks Liquid Blush in Baby, $13.50, is water-based, which makes it long-lasting. (2) Chantecaille [illegible] Luminous, $38, [illegible] with a [illegible] Cream Color Base, [illegible] and comes [illegible] for darker skin. [illegible] Wild Orchid, $25, [illegible] berry-colored [illegible] texture. Stila [illegible] powder for a [illegible]

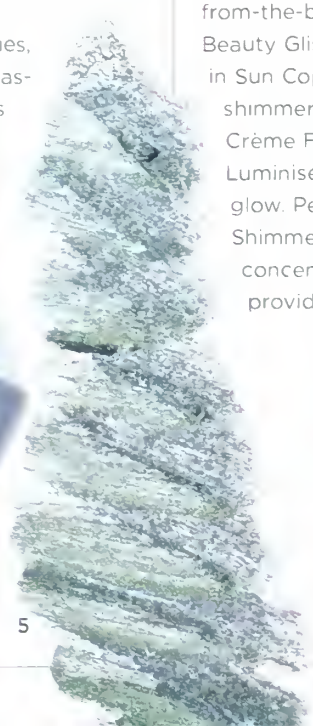


On Eyes

What It's Great: Cream shadow is sheer, so even the brightest shades are completely wearable. And many products glide on wet but set almost instantly as durable, crease-proof powder.

How to Wear It: Apply a touch of color with fingers, and top with your normal liner and mascara.

What to Try: (3) Almay Bright Eyes Shimmer Pearls eyeshadow in Over the Rainbow, $7.50, has three shades—pale yellow, bright pink and muted green. Wear separately or blend for a shimmery sheen. (4) Rimmel Stars Glitter Eye Shadow Pencil in Star Gaze, $2.97, gives creamy, bold coverage. (5) The two sides—one thick, one thin—of Estée Lauder Artist's Mechanical Eye Pencil in Double Forest, $23, glide on smoothly and can be paired as a liner-shadow duo. The intensely pigmented Make Up For Ever Iridescent Eye Shadow, $16, and Maybelline New York Liquid Eyes Eyeshadow, $6.50, dry quickly for stay-all-day color. Smashbox Transparencies, $18, is a whipped, light-as-air shadow that delivers vibrant color.





All-Over Complexion

Why It's Great: Highlighters brighten the face and are excellent for special occasions, but can also be used every day to give skin extra luminosity.

How to Wear It: Dab it only where you want a light sheen, such as on your cheekbones, temples and brow bone. "It's beautiful as an accent but starts to look greasy when applied all over the face," cautions Ahnert.

What to Try: (6) Pop Glam Jam Face Luminizer in Sweetness, $14, brightens dull skin thanks to its pink tint. (7) For a natural, straight-from-the-beach flush, try Delux Beauty Glistener All Over Glimmer in Sun Copper Glimmer, $18. The shimmer in SugarBaby Gleam Crème Face and Body Luminiser, $10, creates a subtle glow. Perfect for evening, E.L.F. Shimmering Facial Whip, $1, has concentrated pigment to provide glamorous illumination.

—Nadine Haobsh

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HEALTHY SUMMER HAIR

The heat and sun can make your mane brittle, frizzy, limp and washed out. Your cure? The latest batch of luxurious, restorative hair-care treatments

PHOTOGRAPHS BY TOM RAFALOVICH - STILL LIFE BY DAVID HAMSLEY
PRODUCED BY CARLA ENGLER TEXT BY PATRICIA REYNOSO



There's a lot to love about the summer, but what it does to your hair usually isn't on the list. Along with sunny outings and romps on the beach can come dryness, tangles and unpleasant changes in hair color. But not to worry—*your* hair can be nothing short of gorgeous this season.

COLOR, BE STRONG.

One of the most irritating summer-hair scenarios is when your brilliant color pulls a disappearing act. In its place: a dull and, especially for light-haired women, brassy hue. Why does this happen? Blame it on the summer's stronger-than-usual UV light, which damages all hair types just as it does the skin.

"Just one hour in the sun makes hair rough to the touch because it opens your hair cuticle [the outer layer]," says Jeri Delgado, creative director of Maxine Salon in Chicago. Colored hair takes the hardest hit. "Once [it's damaged by the sun], it's bye-bye hair color."

You can limit your hair's exposure by using repairing shampoos, conditioners and styling products with built-in sun protection. Look for ingredients such as heliogenol, derived from sunflowers, or Parsol SLX, a new sun protectant made specifically for the hair.

Protecting your locks doesn't mean walking around with greasy hair, either. Some products, such as reparative conditioners, can be washed out, while lightweight leave-in lotions help with heat styling.



CUT A STYLE SMART!S

"You *can* have a good-hair summer," says Christo, artistic director of the Christo Fifth Avenue Salon, in New York City. First, the right haircut—one that tempers curls or keeps straight hair from going limp—is a must. Christo recommends long layers for curly girls; these give hair body without turning it into a humidity-induced pyramid. "If your stylist tries to give you short layers, run out!" warns Christo. Women with straight hair, meanwhile, should ask for a razor cut. "Razors give hair the type of volume that you can't get with scissors," says Christo. "Also, only the inner layer of hair is cut, so it's really subtle."

When the heat is on, styling products are a must. Your options: anti-frizz serums for wavy or curly hair, and volumizing lotions and mousses for straight hair.



Pamper Your Locks

The best approach for healthy hair is to take care of both the inside and outside of the hair. Many of today's shampoos, conditioners and hydrating masks (ideal when used weekly) penetrate deep into the hair shaft, helping to restore moisture. Masks are especially helpful for dry, damaged hair.

After shampooing, squeeze out all excess water and work the mask throughout your hair, first with a wide-tooth comb and then with your fingers. Let it soak in. After five minutes, rinse out. You'll notice that your hair is silkier, easier to detangle and has a healthy bounce.

When it's too hot for a hat, leave-in conditioners are the next best bet: They repair and protect, and don't weigh hair down.

When you have more time, try a hot-oil treatment. The heat opens up the hair cuticle, allowing the oil to deeply moisturize hair. "Oil treatments revive the hair from the inside out," explains Philip B, a Los Angeles–based hair stylist. He recommends his own Rejuvenating Oil ($29), a heady mixture of lavender and jojoba.

For a more homegrown remedy, turn to your kitchen pantry. "Try combing olive oil through your hair and slicking it back while you're at the pool," advises Delgado. (Vegetable oil works just as well, but olive oil is gentler.) The oil creates a layer between your hair and the sun that can't be beat.

For great-to-try products, see page 93.



USE PROTECT ON

Learn how to reduce your hair's contact with heat, wind, humidity, dust and sand, and it will repay you by retaining its luster all summer long.

"Before getting in the ocean or the pool, saturate your hair with fresh water," says Rick Goldberg, president and founder of Masstige Brands and the Hair Therapy collection. That way, he explains, dulling chlorine and salt water won't seep through. Also, try clarifying shampoos after swimming. Some, such as Goldberg's own Energizing Iced Tea Shampoo ($4.99), are formulated with alpha-hydroxy acids, to help strip the hair of unwanted buildup while maintaining its natural shine and bounce.

Just like the rest of your skin, your scalp is vulnerable to UV light and should be protected against sunburn. Before stepping outside, rub or spray a bit of traditional sunblock right on the exposed scalp—it won't make your hair greasy, we promise. Also, try a special scalp treatment. Look for products that contain tea-tree oil (for its antiseptic qualities) and peppermint (to stimulate and reawaken). Finally, give yourself a scalp massage when you shampoo; this will increase circulation and even alleviate tension, says Philip B.

Let the summer fun begin. . . .

3 WAYS TO GET PRETTIER SUMMER HAIR

CLEAN AND PROTECT

1 Charles Worthington Results Beautifully Clean Shampoo, $5.99, extracts dirt and oil buildup from hair while preserving shine. **2** The Wella Color Preserve Deep Treatment, $13.50, keeps your color true all summer. **3** With the BC Bonacure Smooth Express by Schwarzkopft, $40 for 10 single-use packets, the hair's pH-level, which determines its health, is kept in perfect balance.

SAVE YOUR SCALP:

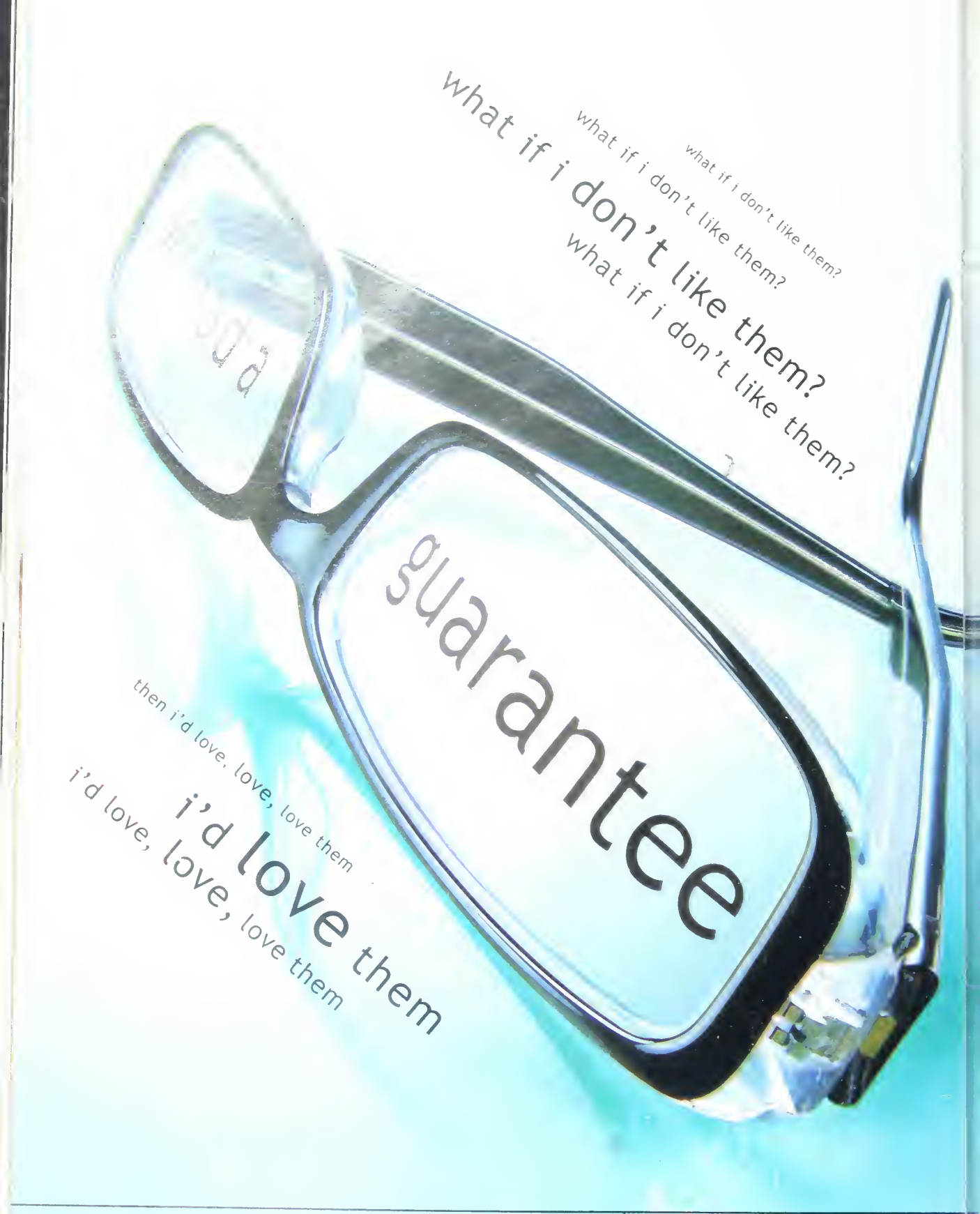
4 Applied post-shampoo, Carita Le Cheveu Scalp Revitalizing Scrub, $42, boosts circulation and keeps dry flakes to a minimum. **5** As if the dreamy summer scent of Bobbi Brown Beach Leave-in Hair Conditioner SPF 15, $15, weren't enough, it also offers sun protection. **6** The deliciously rich Phyto Plage After Sun Repair Mask, $22, contains nut oil and shea butter for silky strands.

STAY STYLISH:

7 Control unruliness with Infusium 23 Complete Frizz Control Treatment, $5.99. **8** The Body Shop Wheat Protein Volumising Mousse, $10, delivers gentle hold. **9** Get rid of post-swim tangles with the Origins Shower Comb, $6. **10** The Bio Ionic Paddle Intensive Ion-Smoothing Brush, $34, is infused with a conditioning complex that helps keep strands silky smooth.



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STYLE VE3004

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Make a Splash

Pick from this season's stylish suits, which flatter every figure

Crisp navy stripes and bright chartreuse trim make this sporty tankini chic, and it cinches your middle, too. Nautica, $128 for the set

Tankini Tummy Toning



No style sacrifice needed with this subtle aquamarine halterkini. Plus, it offers great coverage for those of us with a little extra in the middle. Top, $58, bottom, $40, both Tommy Bahama



Make waves in this sun-yellow asymmetrical top. The boy shorts are great for concealing your belly and bum. Top, $75, bottom, $75, both OMO Norma Kamali



The triangular cut of this notice-me orange halterkini creates sexy shoulders and hides a less-than-perfect middle section. Nautica, $86

CONTINUED

WWW.LHJ.COM

Scoop Neck Downplay a Buxom Bust



This raspberry pink suit's empire belt lengthens a short torso, while its racer-back straps offer extra lift and additional support for swimming. Gap, $38



Sleek and functional in one: An underwire shelf-bra reduces your bust. And the understated mocha shade is the new sophisticated neutral. Calvin Klein Swimwear, $92



At the beach or pool, this lime-trimmed tank suit in cool aquamarine offers a forgiving line. Its thicker straps and higher neckline help your shape, too. La Blanca, $82

Skirted Bikini Flatter a Full Bottom



Feel at ease playing beach volleyball or lounging on the sand in this mother-of-pearl belted sky-blue bikini, an ideal way to conceal your butt and thighs. Top, $32, bottom, $48, both VM





Put polka dots on a molded-cup bikini top and voilà—it's an optical illusion that draws attention upward. A dark skirt minimizes the rest. Top, $17.99, bottom, $14.99, both Isaac Mizrahi for Target



Surprisingly, vertical stripes—here in earthy colors—give the appearance of a slender top and, more important, a slimmer bottom. Top, $44, bottom, $40, both Be Creative

Plunge All-Over Slimming



Whittle your shape in this gathered deep-V halter. Despite the revealing cutout, it flatters even the roundest figures. Banana Republic, $58



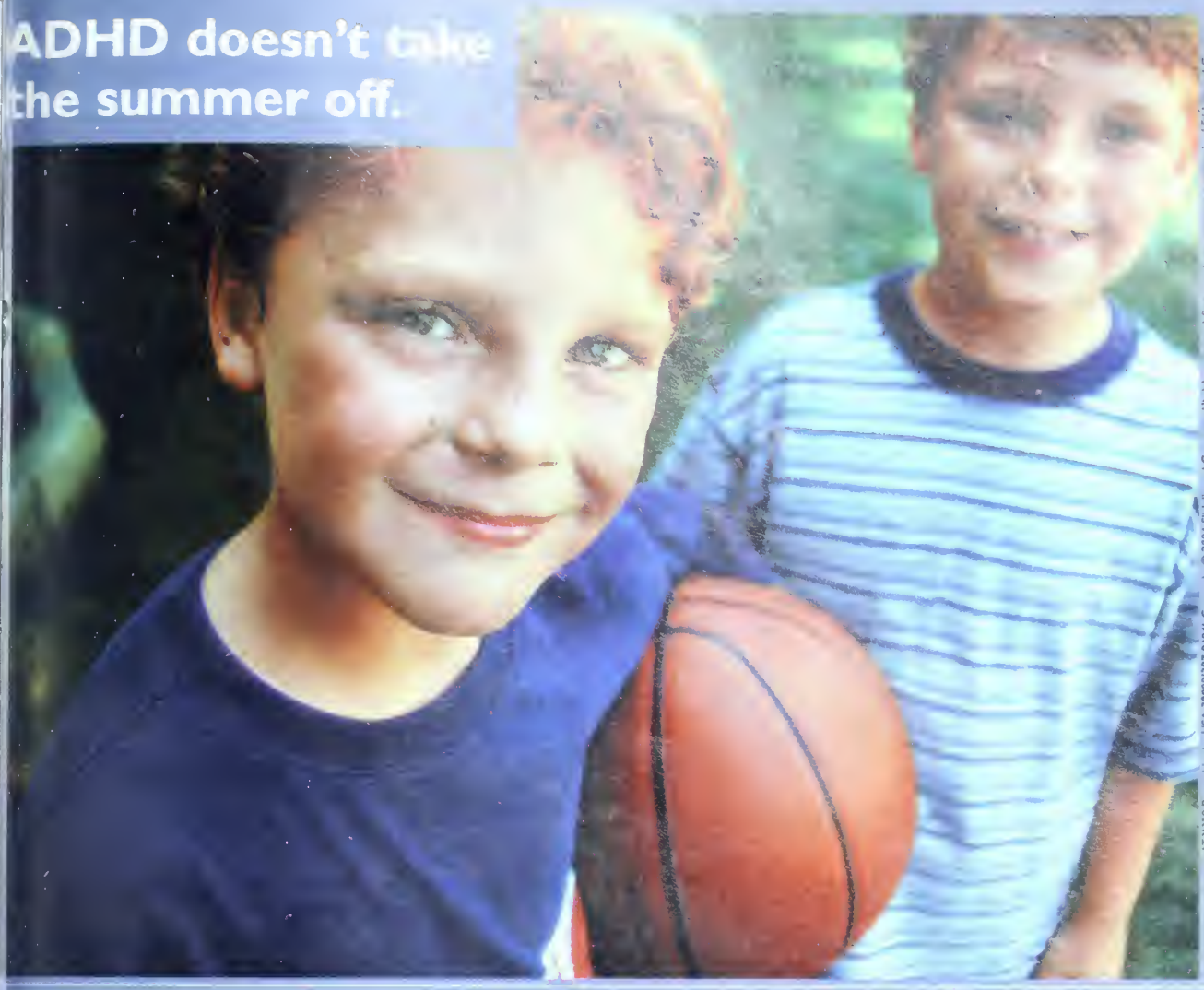
Disguise a bulge here and a little pouch there with this eye-distracting micro-print suit. You'll feel your best even if you haven't hit the gym in a while. Anne Klein, $90



This sexy black halter is perfect for any figure. Its special heavier construction gives it a girdle-like pull that holds in most figure flaws. Liz Claiborne Swim, $80

LHJ.com Browse our swimwear slide shows at: www.lhj.com/fashionslide

ADHD doesn't take the summer off.



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- Clinically proven to effectively treat all symptoms of Attention/Deficit-Hyperactivity Disorder (ADHD), such as inattention and/or hyperactivity/impulsivity.
- Can be taken once or twice a day for full-day relief of ADHD symptoms, from school through family time, without causing insomnia in most children and adolescents.
- Prescription Strattera is part of a total treatment program.

For more information about Strattera and to learn firsthand from parents whose children are taking Strattera, visit strattera.com or call **1-877-777-4040**. Ask your doctor this summer if a free sample of Strattera is right for your child.

www.strattera.com

Safety Information: Your child should not take Strattera at the same time or within two weeks of taking an MAOI, or if he or she has narrow angle glaucoma. Tell your doctor if your child has a history of high or low blood pressure, increased heart rate or any heart or blood vessel disease. Some children may lose weight when starting treatment with Strattera. As with all ADHD medications, growth should be monitored during treatment. Most children in clinical studies who experienced side effects were not bothered enough to stop using Strattera. The most common side effects were upset stomach, decreased appetite, nausea or vomiting, dizziness, tiredness, and mood swings. Strattera has not been tested in children under 6 years of age.

See prescribing information on adjoining page

non-stimulant

strattera®
atomoxetine HCl

Lilly

INFORMATION FOR PATIENTS OR THEIR PARENTS OR CAREGIVERS

STRATTERA® (atomoxetine HCl)

Read this information before you start taking STRATTERA (Stra-TAIR-a). Read this information you get each time you refill STRATTERA. There may be new information. This information does not take the place of talking to your doctor about your medical condition or treatment.

What is STRATTERA?

STRATTERA is a nonstimulant medicine used to treat Attention-Deficit Hyperactivity Disorder (ADHD). STRATTERA contains atomoxetine hydrochloride, a selective norepinephrine reuptake inhibitor. Your doctor has prescribed this medicine as part of your treatment plan to control your symptoms of ADHD.

What is ADHD?

ADHD is one of many types of inattentiveness, hyperactivity, and impulsiveness. Symptoms of inattentiveness include not paying attention, making careless mistakes, not listening, not following directions, and being easily distracted. Symptoms of hyperactivity and impulsiveness include fidgeting, talking excessively, running around at inappropriate times, and interrupting others. Some patients have more symptoms of hyperactivity and impulsiveness while others have more symptoms of inattentiveness. Some patients have all 3 types of symptoms.

Symptoms of ADHD in adults may include a lack of organization, problems starting tasks, impulsive actions, daydreaming, daytime drowsiness, slow processing of information, difficulty learning new things, irritability, lack of motivation, sensitivity to criticism, forgetfulness, low self-esteem, and excessive effort to maintain some organization. The symptoms shown by adults who primarily have attention problems but not hyperactivity have been commonly described as Attention-Deficit Disorder (ADD).

Many people have symptoms like these from time to time, but patients with ADHD have these symptoms more than others their age. Symptoms must be present for at least 6 months to be certain of the diagnosis.

Who should NOT take STRATTERA?

Do not take STRATTERA if:

- you took a medicine known as a monoamine oxidase inhibitor (MAOI) in the last 2 weeks. An MAOI is a medicine sometimes used for depression and other mental problems. Some names of MAOI medicines are Nardil® (phenelzine sulfate) and Parnate® (tranylcypromine sulfate). Taking STRATTERA with an MAOI could cause serious side effects or be life-threatening.
- you have narrow angle glaucoma, an eye disease.
- you are allergic to STRATTERA or any of its ingredients. The active ingredient is atomoxetine. The inactive ingredients are listed at the end of this leaflet.

What should I tell my doctor before taking STRATTERA?

Talk to your doctor before taking STRATTERA if you:

- have or had liver problems. You may need a lower dose.
- have high blood pressure. STRATTERA can increase blood pressure.
- have problems with your heart or an irregular heartbeat. STRATTERA can increase heart rate (pulse).
- have low blood pressure. STRATTERA can cause dizziness or fainting in people with low blood pressure.

Tell your doctor about all the medicines you take or plan to take, including prescription and non-prescription medicines, dietary supplements, and herbal remedies. Your doctor will decide if you can take STRATTERA with your other medicines.

Certain medicines may change the way your body reacts to STRATTERA. These include medicines used to treat depression [like Paxil® (paroxetine hydrochloride) and Prozac® (fluoxetine hydrochloride)], and certain other medicines like quinidine. Your doctor may need to change your dose of STRATTERA if you are taking it with these medicines.

STRATTERA may change the way your body reacts to oral or intravenous albuterol. The drugs can still be given, but the effectiveness of these drugs will not be changed. Talk to your doctor before taking STRATTERA if you are taking albuterol.

How should I take STRATTERA?

- Take STRATTERA as directed by your doctor's instructions. This is usually taken 1 or 2 times a day (morning and late afternoon/early evening).
- You can take STRATTERA with or without food.
- If you miss a dose, take it as soon as possible, but do not take more than your total daily dose in a 24-hour period.
- Taking STRATTERA at the same time each day may help you remember.
- STRATTERA is available in several dosage strengths: 10, 18, 25, 40, and 60 mg.

Call your doctor right away if you take more than your prescribed dose of STRATTERA.

Other important safety information about STRATTERA

Use caution when driving a car or operating heavy machinery until you know how STRATTERA affects you.

Talk to your doctor if you are:

- pregnant or planning to become pregnant
- breast-feeding. We do not know if STRATTERA can pass into your breast milk.

What are the possible side effects of STRATTERA?

The most common side effects of STRATTERA used in teenagers and children over 6 years old are:

- upset stomach
- decreased appetite
- nausea or vomiting
- dizziness
- tiredness
- mood swings

Weight loss may occur after starting STRATTERA. It is not known if growth will be slowed in children who use STRATTERA for a long period of time. Your doctor will watch your weight and height. If you are not growing or gaining weight as expected, your doctor may change your treatment of STRATTERA.

The most common side effects of STRATTERA used in adults are:

- constipation
- dry mouth
- nausea
- decreased appetite
- dizziness
- problems sleeping
- sexual side effects
- problems urinating
- menstrual cramps

Stop taking STRATTERA and call your doctor right away if you get swelling or hives. STRATTERA can cause a serious allergic reaction in rare cases.

This is not a complete list of side effects. Talk to your doctor if you develop any symptoms that concern you.

General advice about STRATTERA

STRATTERA has not been studied in children under 6 years old.

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use STRATTERA for a condition for which it was not prescribed. Do not give STRATTERA to other people, even if they have the same symptoms you have.

This leaflet summarizes the most important information about STRATTERA. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information on STRATTERA that is written for health professionals. You can also call 1-800-LILLY-RX (1-800-545-5979) or visit our website at www.strattera.com.

What are the ingredients in STRATTERA?

Active ingredient: atomoxetine.

Inactive ingredients: pregelatinized starch, dimethicone, gelatin, sodium lauryl sulfate, FD&C Blue No. 2, synthetic yellow iron oxide, titanium dioxide, and edible black ink.

Store STRATTERA at room temperature.

This patient information summary has been approved by the US Food and Drug Administration.

Literature revised January 9, 2004

PV 3741 AMP

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Lilly **Eli Lilly and Company**
Indianapolis, IN 46285

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Nestlé European Style MOUSSE MIX

Be a star in the kitchen with easy-to-make 5-star desserts! The rich, indulgent flavor and versatility of **Nestlé European Style Mousse** presents endless possibilities for creating unforgettable desserts. Find award-winning recipes at **BestDressedMeals.com**! Plus, visit by 9/16/04 for an exciting sweepstakes offer!

FRONTLINE Plus

Frontline is the Vet's #1 Choice. Frontline kills fleas fast from day 1 to day 31 and it's waterproof too. "Say goodbye to fleas and ticks."



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•

4 tickets to NASCAR SpeedPark

•

4 tickets to Pavilion Amusement Park

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4 tickets to play mini-golf with the whole family!

To enter, send a postcard with your name, address and daytime telephone number to: South Carolina Escapes Sweepstakes, 125 Park Ave., 19th Floor, New York, NY 10017

[illegible]

Plan your next family vacation, golf getaway or honeymoon with Myrtle Beach Trips. For more information and to start booking your trip, log on to **www.MyrtleBeachTrips.com**

[illegible]

Myrtle Beach Trips

South Carolina

Hickory Apple Smoked Chicken



Prep Time: [illegible]
Cooking Time: [illegible]
Makes 6 servings

Ingredients

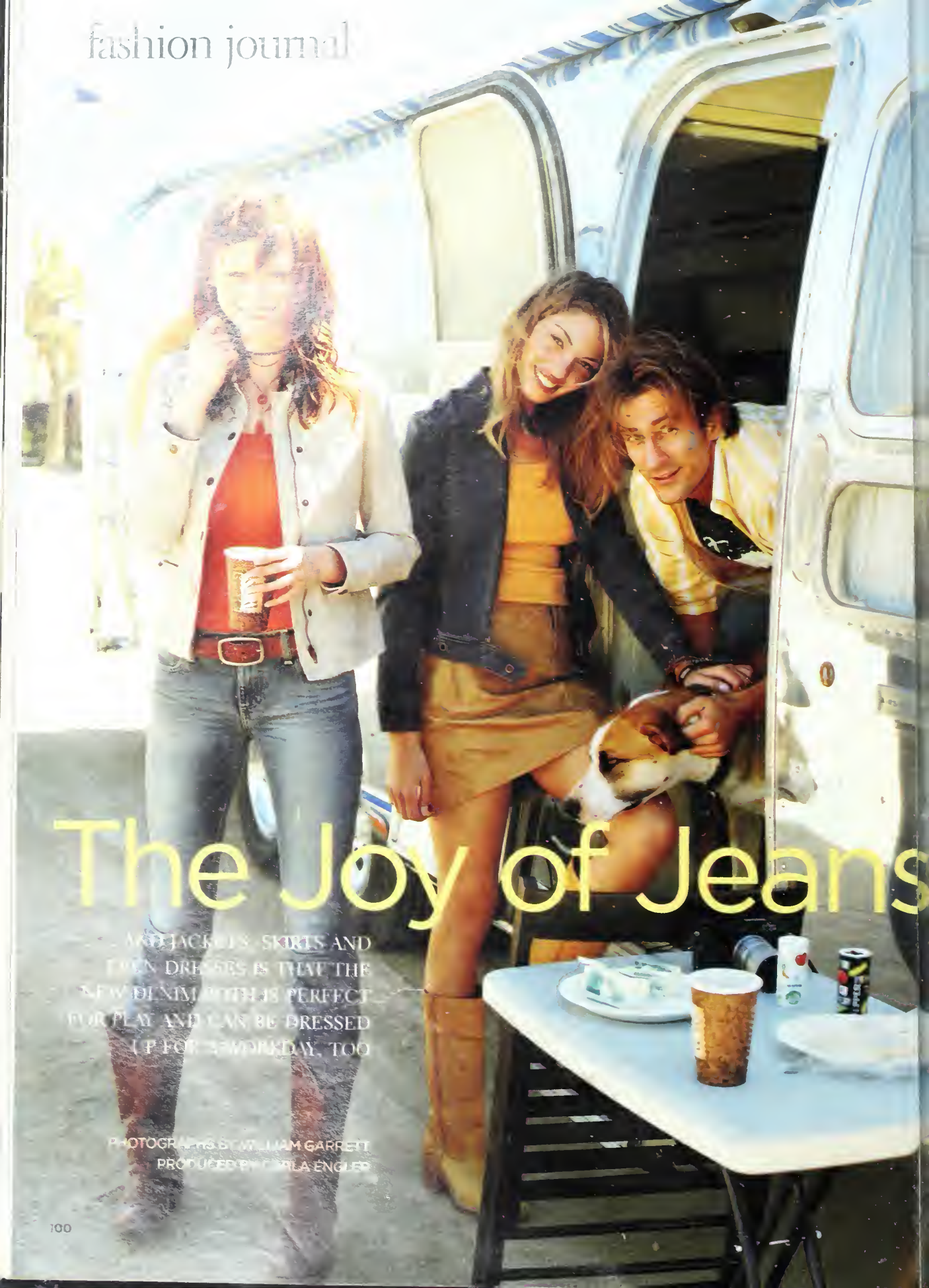
- 1 bottle McCormick Grill Mates® Hickory BBQ Grilling Sauce
- ½ cup apple juice
- 6 slices bacon, crisply cooked and crumbled
- 3 pounds bone-in chicken parts
- Vegetable oil

Instructions

1. Mix grilling sauce, juice and bacon. Reserve ½ cup sauce mixture for dipping at the table. 2. Lightly brush chicken with oil and grill over medium heat with lid closed. Turn chicken occasionally, until internal temperature of breast reaches 170°F and thigh is 180°F (about 30 minutes). During last 5 minutes of grilling, brush chicken with remaining hickory sauce mixture. 3. Serve chicken with reserved sauce mixture.

Tip: *The sauce is also great on boneless chicken breasts!*

McCormick®
The taste you trust



The Joy of Jeans

AND JACKETS, SKIRTS AND EVEN DRESSES IS THAT THE NEW DENIM WITH LIE PERFECT FOR PLAY AND CAN BE DRESSED UP FOR A WORKDAY, TOO

PHOTOGRAPHS BY WILLIAM GARRETT
PRODUCED BY CARLA ENGLER



OPPOSITE PAGE: Left: This naturally worn-in pair of jeans looks fresh when tucked into a pair of rugged boots. Pull the look together with a tan twill utility jacket and a bold tank for a punch of color. Jacket, Jeanstar, $50. Tank, Maya. Jeans, Guess? $68. Boots, Justin, $149. Drop-stone necklace, Nikki B, $70. Necklace, Chan Luu at Fragments NYC. Belt, Fossil, $32. Hat, Mock Bros. Saddlery, $30. Right: A denim motorcycle jacket, a new take on the classic jean version, looks weekend-chic when mixed with an earth-tone leather skirt. For work, try a matching denim pencil skirt. Jacket, DKNY Jeans, $118. Tank, Tommy Jeans, $19. Skirt, Tommy Hilfiger, $198. Boots, Frye, $185. On him: Shirt, Banana Republic, $58. T-shirt, Calvin Klein Jeans, $29.50. Jeans, Levi's, $48. THIS PAGE: Hang out in this pair of boot-cut stretch jeans—the dark wash gives denim a more sophisticated spin. A multi-stripe top and brown leather jacket are right for a casual day; a matching denim blazer creates an instant pantsuit. Jacket, New Frontier, $319. Top, Tommy Hilfiger, $49. Jeans, Levi's, $48. Belt, Diesel, $59. Watch, Fossil, $65.



Left: Denim can be both comfortable and sexy. Case in point: a halter dress with leather trim. Wear it with jacket for a look that's perfect for [illegible] with [illegible] down over your [illegible]. Too [illegible] Boots, [illegible], $64.95. [illegible] with a tighter fit and it will feel comfortable, says Kenneth Greeson of [illegible] Incorporated. Jacket, [illegible] Marc, $395. Tank, Gap, $14.50. Jeans, Lee Authentics, $88. Boots, Tony Lama, $119. Belt, Fossil, $32. Necklace, Chan Luu at Fragments NYC. Cuff, Billy Kirk, $76.



On her: This lightweight, dark-rinse denim coat is an "investment piece" that will give both casual and dressy looks a special twist. White jeans are a fresh summer option and the ideal counterpoint to a dark top. Pair the coat with a trim white skirt and pretty top for a dressier look. Coat, OMO Norma Kamali, $225.

Tank, Grassroots, $70. Jeans, Jeanstar, $42. Belt, Fossil, $28. Boots, Frye, $210. BEAUTY BONUS: Get touchable, sexy volume with TIGI Bed Head Superstar Blow-dry Lotion ($15.95). On him: A brown suede blazer with jeans is refined and rugged all at once. Blazer, Banana Republic, $298. Shirt, Tommy Hilfiger, $59.50. Jeans, Nautica, $59

BACK IN THE SADDLE
Need to escape the bustle of everyday life? More people are going horseback riding to get away from it all—in fact, some 4 million of them last year, mostly women. Riding does more than help you unwind; it tones leg, stomach and back muscles, and improves posture and balance.



Left: Opposites attract when you couple a tailored denim jacket with a soft, ruched cotton voile peasant skirt. Jacket, Polo Jeans, $89. Skirt, The Limited, $54. Sandals, Stuart Weitzman. Earrings, Wendy Mink at Yvette Fry. Tote bag, L.L.Bean, $69. Right: Play your cards right in movie-starlet style: a lipstick-red off-the-shoulder top and slim capri jeans. Top, Nautica, $29. Capris, Calvin Klein Jeans, $49. Sandals, Tommy Hilfiger, $70. Belt, Fossil, $28. Necklace, Alex Woo at Fragments NYC, $88. On him: Make sure he mixes his denim up: Pair his jean jackets, shirts and jeans with something nondenim. Left: Shirt, Levi's, $98. Pants, Banana Republic, $68. Right: Shirt, American Eagle Outfitters, $39.50. Jeans, Diesel. Tip: Wash your denim pieces in warm or cool water, and always air-dry. Overdrying can lead to shrinkage and color loss, and will decrease the life of spandex, says Greeson.

WIN A PAIR OF JEANS. Go for men's or women's Lee One True Fit jeans. Or try for Levi's 515 Nouveau Boot Cut jeans for women or 501 Ultimate Classic Jeans for men. For official sweepstakes rules and how to enter, see page 122.

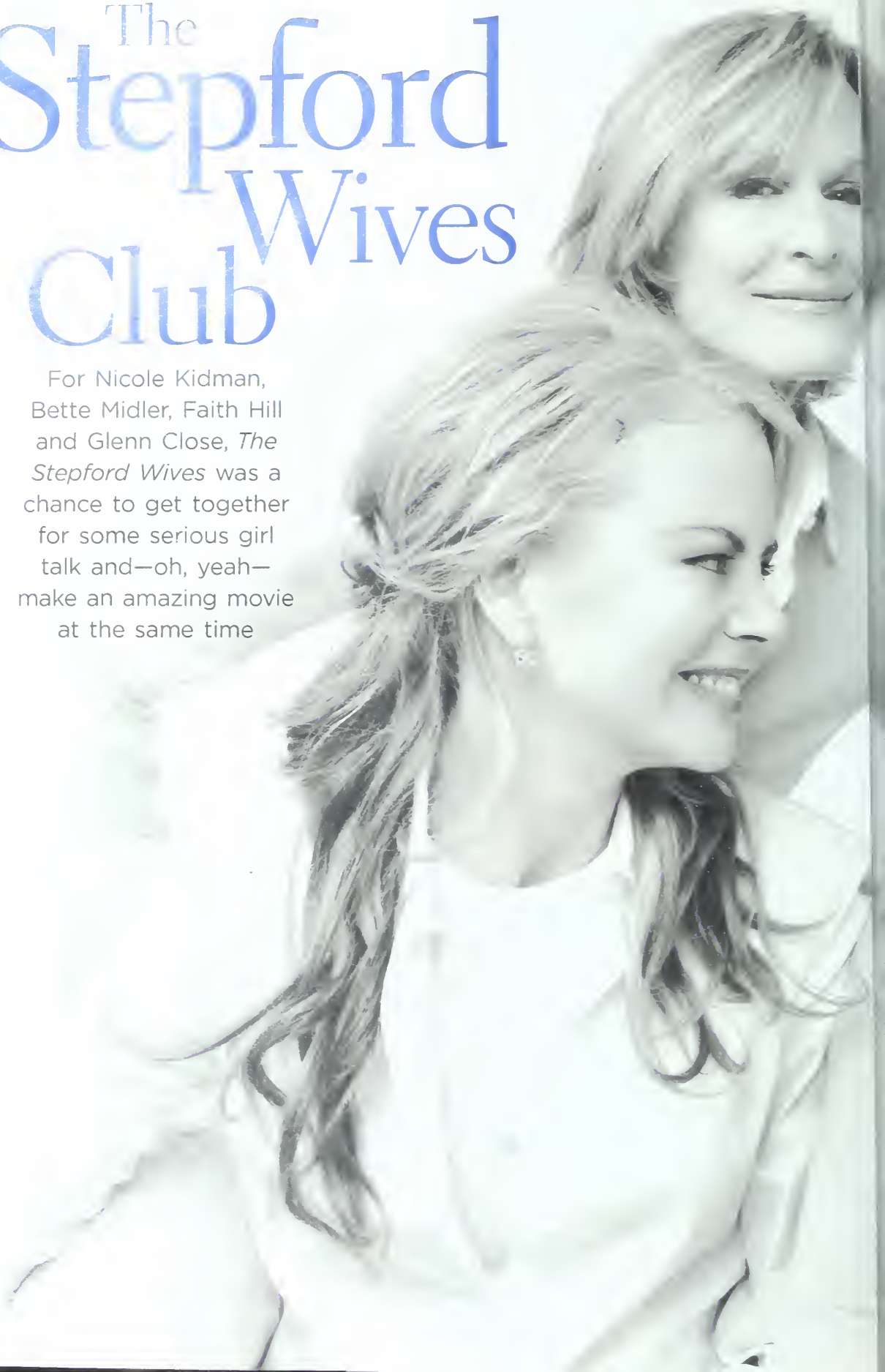


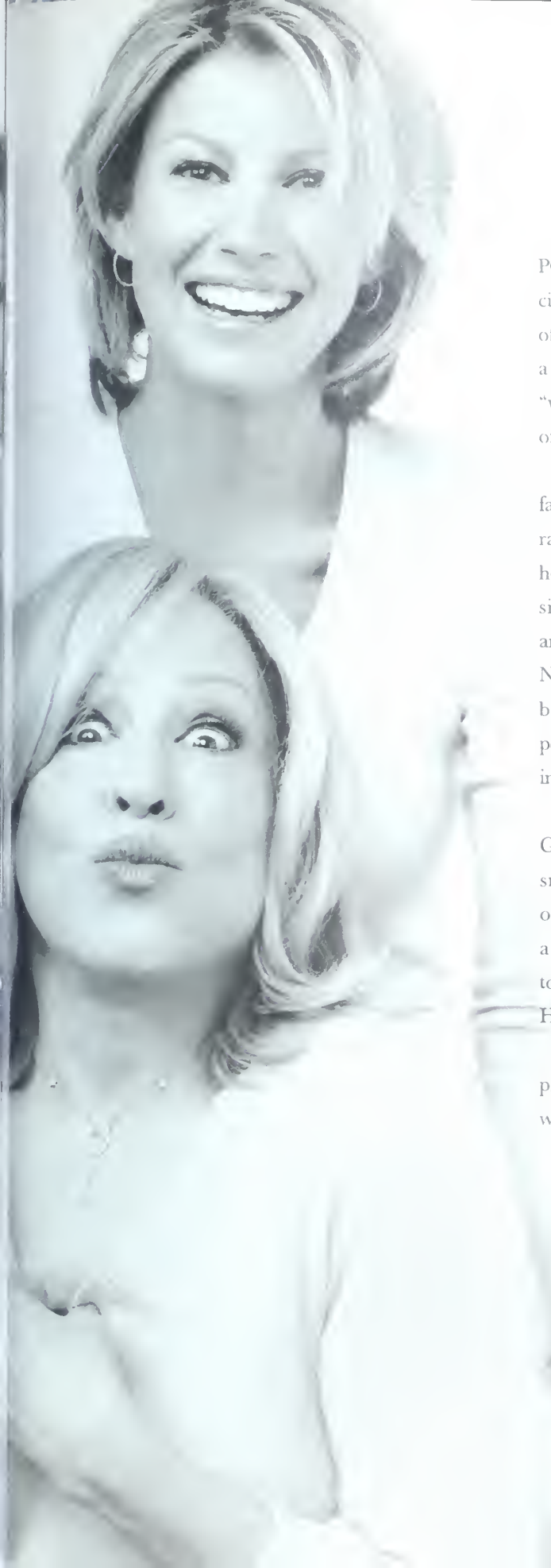
Left: Denim goes polished and perfect for the office with this skirtsuit trimmed in leather. Wear the jacket with a casual bottom or the skirt with a tank top for a more relaxed look. Jacket, $199, skirt, $99, both Michael Michael Kors. Tank, Splendid, $40. Right: A denim pencil skirt is undoubtedly chic, but its front slit also allows you to move and sit comfortably. A bright red polo provides the perfect hit of color. Top, New York and Company, $19.50. Skirt, Jeanstar, $36. Belt, Fossil, $28. Sunglasses, Giorgio Armani. BEAUTY BONUS: Hands stay soft with Cetaphil Therapeutic Hand Cream ($12.50), which absorbs quickly and comes in two-for-one packaging (leave one at your desk, throw the other in your purse).

LHJ.com Our jeans slide show features more stunning styles: go to www.lhj.com/jeans

The Stepford Wives Club

For Nicole Kidman, Bette Midler, Faith Hill and Glenn Close, *The Stepford Wives* was a chance to get together for some serious girl talk and—oh, yeah—make an amazing movie at the same time





POWERFUL. SMART. OPINIONATED. These are precisely the qualities that get a girl who moves to the town of Stepford into deep, dark trouble. *The Stepford Wives* is a sly remake of the 1975 cult flick that hit screens just as "women's lib" (as it was quaintly called then) was taking off and freaking out men across America.

In the creepy original (by Ira Levin of *Rosemary's Baby* fame), Katharine Ross plays Joanna Eberhart, a photographer who reluctantly moves to the suburbs to please her husband. Once there, she notices a strange submissiveness and maniacal obsession with housecleaning among the neighborhood ladies. Fast forward to 2004, as Nicole Kidman is living Eberhart's nightmare, but with a boss-lady job and a sassy brunet bob. This time, the film pokes fun at posmillennial men's angst at being trumped in the workplace by their sweeties and wives.

Joining Kidman for the surreal ride are Bette Midler, Glenn Close and Faith Hill. Midler's comic gifts are smashingly showcased in the role that Paula Prentiss originated, Bobbie Markowitz. Close makes the most of a chance to play against type as Mrs. Wellington, the town's doyenne of docility. And let's just say that Faith Hill's Sarah Sunderson is the *ultimate* Stepford Wife.

When the foursome gathered in Las Vegas for our photo shoot, it was a kiss-and-hug reunion of women who *really* like each other. Read on. CONTINUED

INTERVIEWS BY
JEANNE WOLF AND MERLE GINSBERG

PHOTOGRAPH BY BRIGITTE LACOMBE

Nicole Kidman's recent string of acclaimed movies (*The Hours*, *Cold Mountain*, *Dogville*) are all serious, mind-bending, thought-provoking films. So it's especially refreshing to see the Oscar-winning actress in a comedic role (again, something the effervescent Kidman, 37, seems so well suited for). We caught up with her recently in New York City, just as she was getting ready to go out for Korean barbecue with her daughter, Isabella, 11, and son, Connor, 9.

Q: After all the intense period movies you've done in recent years, why *The Stepford Wives*? Did you love the original?

Kidman: I never saw the original. I knew the expression "Stepford wife," but I didn't really know what it meant. Scott Rudin, who produced *The Hours* [the movie for which Kidman won the 2002 Best Actress Oscar], said to me: "Do this movie and it will feel like summer camp. Lighten up a little." I wanted to have some fun. After this, I'm going to star in *The Producers* with Matthew Broderick and I'll play Ulla, the Swedish secretary. I want to start being more irreverent.

Q: That role really is more than just irreverent—Ulla is a total bimbo.

Kidman: I'm not worried about people thinking I'm a bimbo. I was never the geeky bookworm type. I had parents who insisted I be academic. I would have preferred to be the gorgeous blond bimbo, but I just couldn't [do it]. I didn't have the sexual confidence. I'll never have it. But I think you have more fun if you do.

Q: Are you attempting to make a feminist or antifeminist statement with *The Stepford Wives*?



"The beauty of women is that we're nurturing," says Kidman, whose character is a hard-driving executive at *Stepford*'s start

Kidman: Well, the movie's meant to be a little silly, not a "statement" film. My mother is a very strong feminist, and I say that proudly and loudly. But my personality is a whole mixture of things. I prefer posing questions rather than trying to answer them.

Q: In movies like *The Human Stain*, you played against your beauty. In *The Stepford Wives*, you're playing your beauty for comedy. Is that more comfortable for you?

Kidman: I think in terms of characters. Vanity is not my prime concern when choosing a role. We all have a spectrum of the way we can look, from atrocious to good. I'm comfortable in my own skin, and that comes with age. I am not vain. I don't need to be gorgeous. You want to be loved for who you are. You want to be able to grow old and feel embraced. It is difficult [because] our society is so tainted about looks. You still want to take care of yourself, you want to look healthy and strong and, as I said to my daughter, smart. Healthy, strong and smart is a nice combo to be.

Q: Your character in *The Stepford Wives* is a smart, strong woman whose life changes after she loses her job.

Kidman: I'm playing a woman who needs to get a grip. She's running [a] network, and she's hard-core. She [is] everything you don't want to be as a woman. Part of the beauty of women in this world is that we're nurturing. We want to take care of everybody. And I embrace that. I employ a lot of women who have babies. If you're not a caretaker as an employer, then things will never change.

Q: Did you bond with your *Stepford* female co-stars?

Kidman: I tend to bond with women, so I did. Particularly with Bette and Glenn. I didn't have too many scenes with Faith, but I found her warm and funny. Bette is hysterical. You just want to be near her. She was always having dinner parties; her husband's a great cook. Glenn and I would go out to dinner and bare our souls. I had also just worked with Lauren Bacall on the movie *Birth*. I love these women and I trust them to give me advice. Lauren would say, "I'm your New York mother–listener to me! Nicole, you've got to get stronger. You're too fragile. They're gonna eat you alive!" She's right: I've definitely been nibbled on.

Q: What's your idea of the perfect Stepford man?

Kidman: I don't know about "Stepford" man, but an ideal man would be warm, really warm, with. I suppose, an enormous amount of compassion and kindness. I think compassion means you're very smart. A strong social conscience. But I like a man to be a man! I'm not looking for an effeminate man. I like a man who would step in front of someone and take a bullet. That would be lovely. I still CONTINUED

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Offer ends 12/31/04.



"I wouldn't like a man who is just my servant," says Close, here in *Stepford* garb

have a strong belief in love. I'm not cynical. I would get married again. Definitely not at this minute. If I really trusted somebody again and was able to get lost in that love, I would be thrilled to. Absolutely. I would be willing to give up an enormous amount. Not my children, but everything else. It would be nice to grow old with someone. It would be nice to be called "my precious one."

Q: I'm sure you've read the recent tabloid headlines about your current lovelife.

Kidman: You mean "Tom and Nicole getting back together"? I don't think there's anything to address there. It's not right to Bella and Connor. Tom and I are co-parenting, and that's what we're doing. I do find it quite special that people look at our relationship and say that there was something very real there. But mostly I want to protect Bella and Connor.

Q: Being close to family is very important to you, isn't it?

Kidman: My mother is extraordinarily stimulating for my kids. She plays piano with them and talks about Bach. My daughter just adores her.

Q: What else are your kids into?

Kidman: We see movies—they like everything! Especially Connor. He's not a critic—he loves every movie! And at 11, Isabella's mind is so sweet, yet she's very mature. I can't talk about them too much in magazines. Both kids get slightly embarrassed—but at the same time proud, I think. We have a strong, protective bond, me of them and them of me. I'm fierce when it comes to protecting them. I work so hard not to have them photographed. It's not safe for them, and not beneficial. As a celebrity, what I bring to them [illegible] already a great burden. It's an [illegible] age, I'm sure, of a burden.

Glenn Close has made a career of playing roles in movies in which the plotlines capture the zeitgeist. From *The Big Chill* to *Fatal Attraction*, her films frequently become cultural touchstones, due in no small part to the sharp intelligence and nuance of her acting, which has won her five Oscar nominations, an Emmy and three Tony awards. Close, 57, grew up in Greenwich, Connecticut, a place not far from the mythical town of Stepford. Today she lives outside New York City with her 16-year-old daughter, Annie.

Q: Do you think a lot of men would like to have a Stepford wife like your character, Mrs. Wellington?

Close: I think from the guy's point of view it's very desirable to have a woman who does whatever he wants. There's a line in the film: "What man hasn't looked at his wife and said, 'Where's the mute button?'" That would be lovely for men, wouldn't it? Men like young, hard-bodied, beautiful women. They become a kind of status symbol. It's very hard to compete with the body of a younger woman.

Q: What about the woman's point of view about being a perfect wife?

Close: I think most of us want to be beautiful, desirable and intelligent. Having been in *Fatal Attraction*—which pushed all the most angry button between men and women—it'll be very interesting to see what sensitivities this movie touches. You may be laughing your head off, and yet there's a message in *Stepford Wives*. It's about what it means to be a human being. Is it better to have a flawed human who's capable of love or a partner whom you can program?

Q: Do you believe women are more independent now and focused on things other than marriage and family?

Close: I don't know. I just saw an article the other day about how mothers are now choosing to stay at home. It's like we're coming full circle, which in some ways is very frightening. But I think we'll have people coming to this movie who are much more politically aware than audiences who saw the original.

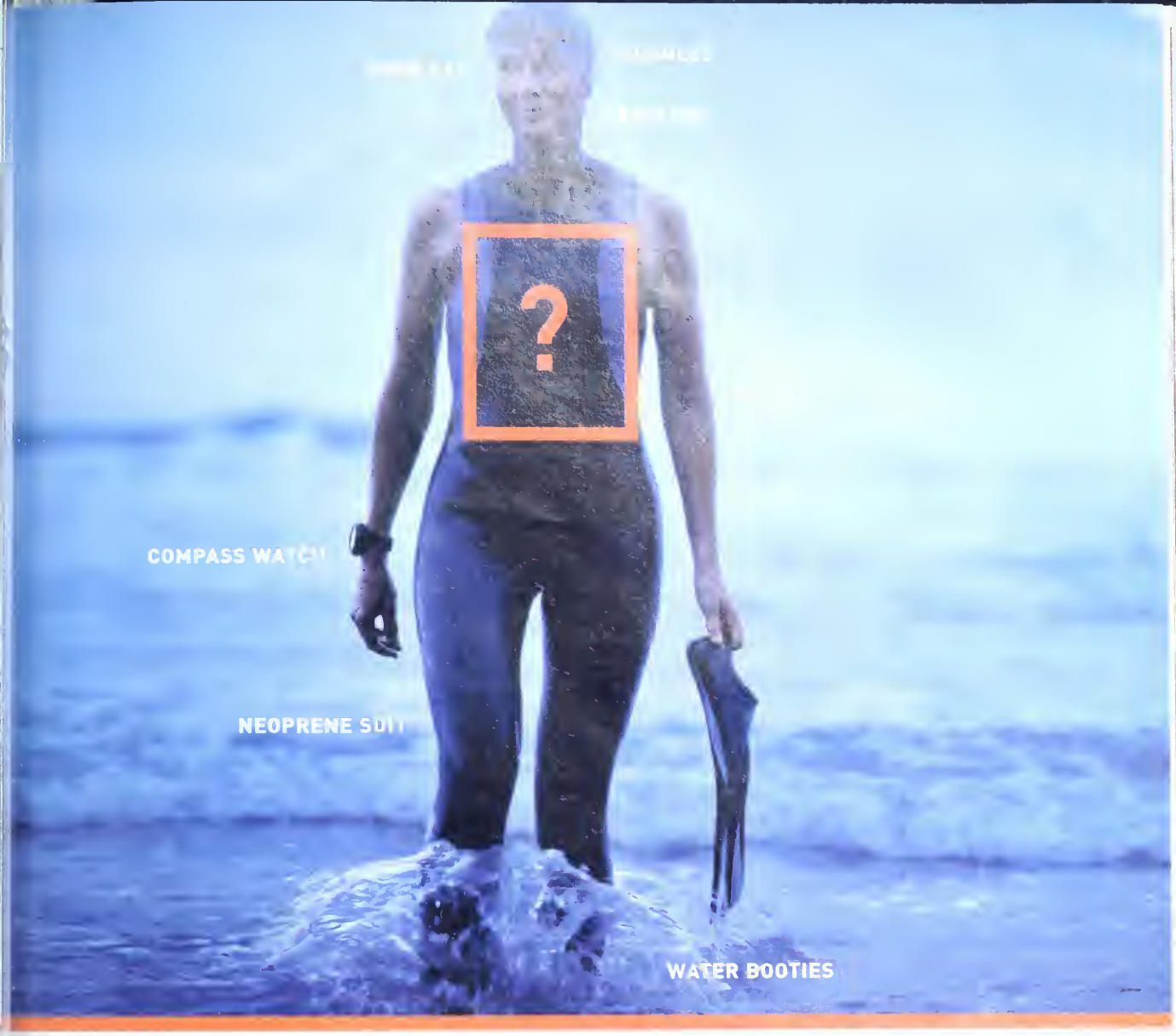
Q: If you could design the Stepford man, what would he be like?

Close: Funny and smart and comfortable in his own skin; curious, creative. It would also be nice to have somebody who could help financially.

Q: So, you would like to have a perfect man, even if he's a robot?

Close: No. I wouldn't like a man who is just my servant. I'd go probably toward somebody who's kept himself fit and likes physical activity, rather than somebody who has a fabulous brain and a marshmallow body. Though, you never know. CONTINUED ON PAGE 113

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WHAT ARE YOU DOING TO HELP PROTECT YOUR HEART?

You do all kinds of things to help safeguard urself. And yet, if you've had a heart attack or oke, it's important to ask your doctor if you're ing enough to help protect your heart. The Heart otection Study by Oxford University, funded in rt by Merck, researched ZOCOR.

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INFORMATION ABOUT THE HEART PROTECTION STUDY AND ZOCOR

ZOCOR

Important considerations: ZOCOR is a prescription medicine and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, anyone with liver problems, and people who are allergic to any ingredients of ZOCOR. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Your doctor may do blood tests before and during treatment with ZOCOR to check for liver problems. To avoid serious side effects, discuss with your doctor medicine or food you should avoid while on ZOCOR.

YOUR RESULTS MAY VARY.

PLEASE READ THE MORE DETAILED INFORMATION ABOUT ZOCOR IMMEDIATELY FOLLOWING THIS AD.

ASK YOUR DOCTOR IF ZOCOR IS RIGHT FOR YOU.

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To find out if you qualify, call 1-800-MERCK-75.

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ZOCOR
SIMVASTATIN

PLEASE READ THIS SUMMARY CAREFULLY. THEN ASK YOUR DOCTOR ABOUT ZOCOR. NO ADVERTISEMENT CAN PROVIDE ALL THE INFORMATION NEEDED TO PRESCRIBE A DRUG. THIS ADVERTISEMENT DOES NOT TAKE THE PLACE OF CAREFUL DISCUSSIONS WITH YOUR DOCTOR. ONLY YOUR DOCTOR HAS THE TRAINING TO WEIGH THE RISKS AND BENEFITS OF A PRESCRIPTION DRUG FOR YOU.

USES OF ZOCOR

WHEN ZOCOR SHOULD NOT BE USED

Patients with liver problems: See WARNINGS.

Women who are or may become pregnant: **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.**

Women who are breast-feeding should not take ZOCOR.

WARNINGS

Muscle: Tell your doctor right away if you experience any unexplained muscle pain, tenderness, or weakness at any time during treatment with ZOCOR so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR:

- Cyclosporine, itraconazole, ketoconazole, erythromycin, clarithromycin, HIV protease inhibitors, the antidepressant nefazodone, or large quantities of grapefruit juice (>1 quart daily), particularly with higher doses of ZOCOR.
- Gemfibrozil particularly with higher doses of ZOCOR.
- Other lipid lowering drugs (other fibrates or ≥1 g/day of niacin) that can cause myopathy when given alone.
- Amiodarone or verapamil with higher doses of ZOCOR.

The risk of muscle breakdown is greater at higher doses of simvastatin.

Because the risk of muscle side effects is greater when ZOCOR is used with the products listed above, the combined use of these products should be avoided unless your doctor determines the benefits are likely to outweigh the increased risks.

The dose of ZOCOR should not exceed 10 mg daily in patients receiving gemfibrozil. The combined use of ZOCOR and gemfibrozil should be avoided, unless your doctor determines that the benefits outweigh the increased risks of muscle problems. Caution should be used when using ZOCOR with other fibrates or niacin because these can cause muscle problems when taken alone.

No more than 10 mg/day of ZOCOR should be taken with cyclosporine.

The combined use of verapamil or amiodarone with doses above ZOCOR 20 mg should be avoided unless your doctor determines the benefits outweigh the increased risk of muscle breakdown.

Your doctor should also carefully monitor for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor also may monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

The risk of muscle breakdown is greater in patients with kidney problems or diabetes.

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery and when any major acute medical or surgical condition occurs. Discuss this with your doctor, who can explain these conditions to you.

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes.

Your doctor should perform blood tests to check these enzymes before you start treatment with ZOCOR and thereafter when medically indicated. Patients titrated to the 80-mg dose should receive an additional test at 3 months and periodically thereafter (eg, semiannually) for the first year of treatment.

PRECAUTIONS

Drug Interactions

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Central Nervous System Toxicity: Cancer, Mutations, Impairment of Fertility:

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because of the potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not breast-feed. See WHEN ZOCOR SHOULD NOT BE USED.

Pediatric Use: ZOCOR is not recommended for children or patients under 10 years of age.

Geriatric Use: Higher blood levels of active drug were seen in elderly patients (70–76 years of age) compared with younger patients (18–30 years of age). In study [illegible] other studies the cholesterol-lowering effect of ZOCOR were at least as great in elderly patients as in younger patients, and there were no overall differences in safety between elderly and younger patients over the 20–80 mg/day dosage range. Of the [illegible] myopathy/rhabdomyolysis among 1,259 patients on ZOCOR in another study, 4 were aged 65 or older at baseline, 1 of whom was over 75.

SIDE EFFECTS

Most patients taking ZOCOR will not have any side effects. However, like all prescription drugs, ZOCOR can cause side effects in some of them. Some of them can be serious. Side effects that do occur are usually mild and short-lived. Your doctor can weigh the risks versus the benefits of any prescription drug. In clinical studies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In 2 large 5-year studies taking ZOCOR experienced similar side effects to those patients taking placebo (sugar pills). Some side effects that have been reported with ZOCOR or related drugs are listed below. This list is not complete. Be sure to ask your doctor about side effects before taking ZOCOR and to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain, cramps, nausea, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty changes in the liver, [illegible] severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness, joint pain, muscle breakdown.

Nervous System: Dizziness, headache, insomnia, ringing in the ears, memory loss, damage to nerves causing [illegible] sensation, and other abnormal sensations, anxiety, depression, tremor, loss of balance, [illegible] disturbances.

Skin: [illegible] hair loss, dryness, and sores, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle weakness.

Hypersensitivity (Allergic) Reactions: There are occasional reports of a wide variety of symptoms have occurred which either alone or together in groups related to as a syndrome that appeared to be [illegible] allergic, hypersensitivity, which may rarely be fatal. These have included 1 or more of the following: [illegible] generalized reactions, which may include shortness of breath, wheezing, digestive symptoms and low blood pressure and hypersensitivity, blistering breakdown with swelling of the face, lips, tongue and/or throat with difficulty swallowing, breathing symptoms, including lupus, a disorder in which a person's immune system attacks parts of his own body, severe muscle and blood vessel inflammation, sometimes including [illegible] diseases of blood cells that could result in anemia, infection, or blood clotting problems, [illegible] symptoms, inflammation of painful joints, hives, fatigue and weakness, sensitivity to sunlight, fever, flushing, chills, sweating, and severe skin disorders that vary from rash to a serious burn, [illegible] of skin layers over the body, including mucous membranes such as the lining of the mouth.

Other: [illegible] impotence.

Laboratory Tests: [illegible] abnormalities including elevated alkaline phosphatase and bilirubin.

NOTE: This summary provides important information about ZOCOR. If you would like more information, ask your doctor or pharmacist to let you read the prescribing information and then discuss it with them.

MERCK
Whitehouse Station, NJ

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[illegible]-ZOCOR



"Basically, everybody wants a superwoman wife—even women," says Midler

There's probably a marshmallow waiting out there for me, somewhere.

Q: Do you still date?

Close: Not very well. I feel very shy. I think men really are scared of me. But I also don't have much of a life, because I live outside the city, raising my daughter. Anyway, I'm not a cocktail-party person, so basically I don't go out much.

Q: Would you get married again?

Close: Definitely. I would love to find somebody I could enjoy life with, a great companion. I don't go to a lot of things because I don't enjoy going alone. I'll be there thinking, Why am I torturing myself? I'd like to have someone to share things with. If you have someone with a wonderful, active mind and a sense of humor, life is enhanced by that.

Q: How is your teenage daughter with the opposite sex?

Close: She's grown up with boys as friends, which is something I never did. So hopefully she'll be better equipped emotionally to deal with relationships as she goes through life. She seems more able to stand up for herself at her age than I was.

Q: What was it like on the *Stepford* set?

Close: I'd met Bette before. She's screamingly funny but also highly professional. It was lovely getting to know Nicole. I got closest to Faith and her husband, Tim McGraw. I think they're wonderful people. Meeting her was a great gift.

Q: At this point, do you feel secure with your success?

Close: I feel more vulnerable than you'd think after years in show business. More vulnerable, more virginal than I've ever felt in my life. —*J.W.*

Bette Midler, who just wowed crowds across the country during her latest concert tour, proves once again, in *Stepford,* that she is indeed divine. Whether she's making us sob in *Beaches* or cackle during *Ruthless People,* her colorful boldness and life-affirming charm make her riveting to watch. At 58, the Grammy, Tony, Emmy and Golden Globe award winner lives in New York City with her husband of 19 years, Martin von Haselberg, and their daughter, 17 year-old Sophie.

Q: *The Stepford Wives* takes a satirical look at women being pressured to be perfect. We're all surrounded by images of female beauty and perfection. Do you think that's tough on women?

Midler: It's illusion and fantasy, and it's not really reachable for most women. On one hand, I kind of enjoy reading about beautiful, perfect people. It's a guilty pleasure. But on the other hand, it's frustrating because so few can really achieve that.

Q: What about watching regular people trying to be flawless on the flood of TV makeover shows?

Midler: There are so many of them. I think it's peculiar and horrifying in a *Brave New World* way. It's really scary. I think that this movie is a kind of counterpoint to that, so it's very timely.

Q: Look at all of you—Nicole, Glenn, Faith—you are all blonds.

Midler: I've been a blond since the early '80s. Actually, two weeks ago I dyed my hair dark and, oh my God, I couldn't stand it. I ran screaming into blond again.

Q: Probably a lot of mothers still wish that their daughters would marry a handsome prince. What do you dream about for your daughter?

Midler: I don't believe in that princess dream. It's a bald-faced lie for those of us who are lucky enough to live in a time in Western civilization where you have the freedom to find your way and to live up to your human potential. Not your female potential or your male potential but your *human* potential. People who want a life and career should have it, and those who want to stay home and have babies should do it. But it's a waste of a good education if a woman wants to pursue a career and can't.

Q: So do you talk to your daughter about finding the right guy?

Midler: I do bug my daughter about getting married because I'd like to have a grandchild before I die. And there are Web sites now where, like, 10 million people search for their first loves. Many of them have dumped their current spouses and gone back to their first loves. So I said to my daughter, who has a boyfriend, "Why don't you just marry this guy? In 30 years you're going to go back to him anyway."

Q: What makes an ideal husband?

Midler: Oh, someone who's hilariously funny. Who can CONTINUED

cook. Who gives you great money because he's a fabulous breadwinner. Who doesn't give you a hard time when you spend too much money. Who's a brilliant father who adores his children. Who supports you every step of the way. Who's clean and smells great. Who looks great on your arm. That would be a perfect husband.

Q: Whether your husband matches that or not, the two of you must be doing something right because you've been married for almost 20 years. What's the secret?

Midler: I'm never home. I'm kidding, but I don't say anything serious about our relationship because you can't. You're just flying by the seat of your pants the whole time, and you don't really know how it works. All I know is that we're still together.

Q: You've softened your public persona a little but you're still outrageous, and your fans still love you.

Midler: They do! And I really appreciate that. Of course, privately, I usually turn the volume down a little bit. But I'm not apologizing for being a little outrageous. Dirty songs and filthy jokes have put my daughter through private school. It really has been fantastic. When I perform, I can make my fans feel, "You know what, I'm really okay. She feels like I feel."

Q: Nicole Kidman said you gave her very good advice about celebrity.

Midler: I told her never to read anything written about her. It is soul-destroying. If you're going to believe the good, you're going to believe the bad too, and the bad is so corrosive to your spirit that you should just avoid it altogether. Nicole pretty much does avoid getting caught up in her publicity. Basically, celebrity is living in a bit of a bubble. But it can be a great bubble. —*J.H.*



"I'm against the message that beauty and perfection are the only things that bring you self-worth," says Hill

Faith Hill has four Grammy awards, three daughters (Gracie, 7, Maggie, 5, and Audrey, 2), a gorgeous husband (Tim McGraw), and a seventh CD in the making, yet she also found time to make a foray onto the big screen. The 36-year-old platinum-selling country music star makes her silver screen debut with a deadpan portrayal of the perfect Stepford wife, Sarah Sunderson.

Q: What was it like being in *Stepford?* How did you choose it?

Hill: Most important was the need to be in an ensemble cast where I could learn from the pros. I had a great time and learned more than I could've imagined—just what I had dreamed. I also made friends that I know I will always have. I felt like the luckiest girl in the world to have the opportunity to watch Nicole, Glenn and Bette work on the same stage. It was their gift to me, and I'm sure they don't even realize it. Also, for this movie (laughs), I had the largest breasts I've ever had!

Q: When you get glamorous and sexy for a concert, do you feel like the beautiful superstar we see, or as if it's a costume? Are you ever about to perform and start thinking about your kids' book reports?

Hill: I'm most comfortable in my jeans and tennis shoes. But for the stage, it's fun to put on the mojo. It's part of what I do as a performer. And when I'm on stage, I'm in the moment. The fans have come to see a show and I want to give them 150 percent. However, most times, seconds before I go on, there's some kind of child-related task at hand.

Q: If you could create a Stepford man, what would he be like?

Hill: I feel I have been blessed with my husband. He's a great father. He challenges me and is my best friend. I like that he's not what Stepford might characterize as the perfect man; he's *my* perfect man. Thank God he can think for himself and has an opinion, even if sometimes it isn't mine.

Q: Do you ever think twice about the crazy balancing act you have to do between family and career?

Hill: I do juggle a lot, just like my mom did years ago and just like so many do now. I have old-fashioned values. The most important things to me are my family, my relationship with God, being a loyal friend and last, a dedicated woman who wants to live life to its fullest. There are times that I bite off more than I can handle, but it works out. I want to live life, and I want my girls to know that life is a gift full of surprises. Live it, don't sleep through it, especially when you have the choice. —*M.G.*

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Ladies' Home Journal

SPECIAL REPORT

The Stressed-out American Family

PART FIVE

Are We Hooked on Happy Pills?

Americans' use of medication that tames tension, anxiety and dark moods has soared over the past few years. Is our growing pill habit a needed antidote to the toxic effects of our increasingly stressful lives, or do we just feel entitled to happiness on demand?

BY LINDA MARSA

It happened on

a sultry September morning in 1998, right after Denise Pinel, then 38, dropped off her two sons for their first day back at school after a busy summer. Walking through the door of her Westminster, California, home, she felt achingly empty. Suddenly, Pinel was enveloped by a suffocating sense of dread: Her heart started racing, her head pounded, and she couldn't catch her breath. "I was so frightened; I thought I was having a heart attack," she recalls.

Her symptoms subsided after a few hours, but over the next two weeks she had several similar episodes. "I felt like I was spiraling out of control," says Pinel, who finally sought help from her family doctor. After reviewing her symptoms and giving her a physical, the doctor diagnosed panic attacks and gave Pinel a prescription for a tranquilizer. But the drug made her feel groggy, and its calming effects lasted only about six hours per dose. Once the pill wore off, the crippling anxiety returned, and soon the attacks were happening almost daily. So Pinel's physician prescribed an antidepressant that is also used to ease anxiety. He further urged her to seek counseling to sort out what was triggering her anxiety.

In therapy, Pinel learned to acknowledge all the stress CONTINUED

she was under and give herself permission to be upset about it. Her firefighter husband would often put in 24-hour shifts at the firehouse, then go to a job site for the plumbing contracting business he and Pinel ran together. Pinel felt like everything was on her shoulders: overseeing the business, doing all the household chores, managing the finances and raising their two boys. "My husband was never home," says Pinel, who felt they had grown apart after 16 years of marriage. "But since he was sacrificing for his family, I felt I couldn't say anything." That fateful morning, all of her unresolved tension and bottled-up feelings flooded over her with the force of a tidal wave.

> The FDA has issued an alert that some antidepressants may trigger suicidal feelings

After much soul searching, Pinel and her husband divorced amicably. That was four years ago. Today they share custody of their sons, who are now 18 and 13, and Pinel works full time as a receptionist at a law firm. Although she still takes an antidepressant daily to keep her panic attacks from recurring, she also uses skills she learned in counseling to pinpoint her stressors and what she can do to alleviate them. "I'm more proactive now about lessening my stress when it starts to build up," she says, "rather than squelching my feelings."

As Pinel's experience demonstrates, for some people stress can be crippling. And for Pinel, as for millions of others, antidepressants have brought relief. The SSRI selective serotonin reuptake inhibitor drugs, such as Prozac, Zoloft, Paxil and Celexa, which boost levels of the mood-altering brain chemical serotonin, have proven to be useful in controlling depression. Increasingly, doctors are dispensing these SSRIs for their anxiety-ridden patients, too. As a result, the number of prescriptions being written for SSRI medications has soared, with more than 142 million dispensed in 2003, up from 98 million in 2000, an increase of 45 percent. And millions even take tranquilizers, such as Valium, the "mother's little helpers" that our parents' generation used to calm the jitters.

As use of SSRIs becomes more commonplace, some mental health experts have tried to sound a cautionary note. They worry that a growing population of Americans is medicating what are really just normal variations in temperament. ("Feeling sad? Anxious? Imagine being allergic to people," are some common pitches.) But many of these people actually fall into a gray area, these experts say, where they are occasionally hampered by anxiety but are not debilitated by it. And yet these same people, who may suffer nothing more than everyday angst, now have the option of powerful medications that can be taken long term.

"It's as if there's no such thing as normal behavior anymore," says Paula Caplan, Ph.D., a psychologist at the Pembroke Center for Teaching and Research on Women at Brown University, in Providence, Rhode Island, and author of *They Say You're Crazy: How the World's Most Powerful Psychiatrists Decide Who's Normal*. "Getting irritated and angry or feeling fearful or frustrated is a natural response to the often overwhelming stresses in life. It doesn't mean you need medication." The upshot, some critics say, is that we're becoming a nation of pill poppers who reach for a potent prescription rather than grapple with the underlying causes of our unease.

This sea change began in 1988 with the U.S. introduction of Prozac, a then entirely new kind of antidepressant, which didn't seem to cause the side effects, such as sedation, of the earlier generation of medications. Even better, it was rare for patients to lethally overdose on Prozac, a serious problem with some older antidepressants. Soon after Prozac's debut, a fleet of similar drugs followed, such as Zoloft (now the top seller, with nearly $3 billion in annual sales), Paxil and Luvox. All helped bring depression and other psychiatric disorders out of the closet. Millions of people who had long suffered in silence with mental illness were encouraged to seek help. The number of Americans being treated for depression more than tripled between 1987 and 1997, from 1.8 million to 6.3 million, according to a 2002 Columbia University study, while those taking antidepressants doubled.

But it wasn't just because more people were getting more help that prescription rates skyrocketed. Another reason was that these drugs seemed so safe; indeed, even family physicians felt comfortable prescribing them. (In fact, it is estimated that family doctors now write 60 percent of the prescriptions for antidepressants, even though some may not be specifically trained to diagnose psychiatric illness.) Managed-care CONTINUED

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companies, whose ascendance coincided with the approval of Prozac, have also contributed to the surge. Because pills may be less expensive than talk therapy in the long run, they may be considered preferable by people watching the bottom line. "The insurance companies pressure physicians into prescribing drugs instead of referring patients to specialists," says Joseph Glenmullen, M.D., a psychiatrist at Harvard Medical School, in Boston, and author of *Prozac Backlash*.

And adults aren't the only ones affected. From 1987 to 1996, the number of children on mood-altering drugs nearly tripled, according to a 2003 University of Maryland study, which also found that 6 percent of American children and teenagers were taking psychiatric medications. In 2002, doctors wrote 2.7 million prescriptions for children for selected antidepressants, such as Prozac.

The creation of these mood drugs in the first place is an example of necessity becoming the mother of invention. Given that the country seems to be in the grip of a protracted stress overload, the effectiveness of SSRIs at relieving symptoms of anxiety and depression has a guaranteed audience. Research suggests that the drugs protect areas of the brain injured by stress. "SSRIs may protect against damage associated with depression," says Yvette I. Sheline, M.D., a professor of psychiatry at the Washington University School of Medicine, in St. Louis, who did some of the research. A Columbia University study suggests that antidepressants may even significantly stimulate the production of new nerve cells in these key regions, which could even further protect the brain from stress.

As effective as the drugs have been for some, they haven't put depression and anxiety out of business for good. "Some 20 to 30 percent of patients do not get relief from SSRIs," says Alexander Bodkin, M.D., assistant professor of psychiatry at Harvard Medical School. Moreover, these drugs can cause side effects such as agitation, insomnia, loss of libido, weight gain and emotional numbness. Twenty-five percent of CONTINUED

Relieving Stress, Naturally

Stress is a family affair at the home of *Ladies Home Journal*'s stressed-out family, the Mackenzies, where Robin, Leigh and their six kids juggle hectic schedules. But after a four-day trip to the Canyon Ranch health resort in Lenox, Massachusetts, Robin and Leigh emerged [illegible] Feet First [illegible] out of the question—unless you learn to do it yourself. While getting a reflexology treatment at Canyon Ranch, Leigh learned that rubbing the big toe alleviates headache pain and that focusing on the sole of the foot in the center of the heel can dissolve the lower-back pain Robin often experiences. Now the couple exchange foot rubs nightly.

Stretch Away Stress A [illegible] massage—[illegible] that involves stretching exercises with a partner—provided [illegible] to get the [illegible] family moved



Just the two of us: Robin and Leigh MacKenzie de-stressed during their stay at the Canyon Ranch health resort in Lenox, Massachusetts

For one of the stretches Robin sits on the floor and clasps her hands behind her head, elbows pointing skyward. Bryn, 7, stands behind Robin and hugs her mother's arms. Next, she gently pulls Robin's arms back toward her. "It stretches my back, and she thinks it's fun," says Robin.

Giving Is as Good as Getting The person giving a massage isn't missing out. Generosity is a stress reliever on its own, says a study published in the journal *Psychosomatic Medicine*. People who said they helped others were less likely to experience anxiety and depression. "My kids love touching and hugging me—and they're helping me reduce stress at the same time," says Robin.

—Alison Stein Wellner

How does Robin MacKenzie cope with her family's stress? Read her personal journal at: www.lhj.com/stress



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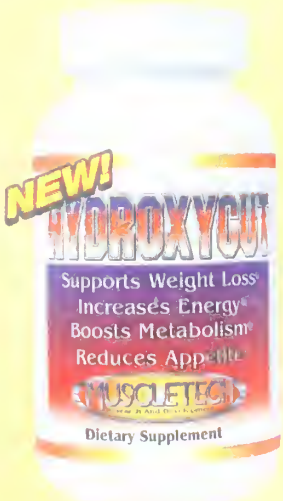


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those who stop their medication cold turkey experience significant withdrawal symptoms, and up to 10 percent find it nearly impossible to stop taking the drugs at all. Lawsuits have been filed in dozens of states across the country and have swelled to close to 5,000 plaintiffs, who claim to have experienced serious withdrawal problems when they tried to go off their medications.

In rare instances, the drugs seem to exacerbate symptoms. This past March, the FDA issued an alert to doctors and patients that made front-page news, saying that some antidepressants may trigger suicidal feelings in some patients, including children and teenagers. Critics charged that the warning came too late. Two separate congressional investigations were launched this past spring to look into whether the agency failed to protect public health by not bringing its concerns to the public's attention sooner.

Others say it's a mistake to blame the drugs for behaviors that may result from the underlying illness. Some severely depressed patients may be too immobilized by their depression to commit suicide. Says Robert Temple, M.D., director of the FDA's office of drug evaluation in Rockville, Maryland: "There is a longstanding concern that as profound depression begins to be relieved, that's when patients may become capable of suicide. But we don't know whether these drugs increase that risk of suicide."

"Some of the side effects of the SSRIs—anger, aggression, agitation—are similar to the underlying mental state being treated," concurs Donald H. Marks, M.D., a former clinical research director for two major drug companies and an expert on adverse drug reactions. "Your doctor may not know that these could stem from the drugs, so she starts thinking your underlying problem is getting worse and escalates the dose."

The bottom line, most experts agree, is that while a pill may seem like a neat, convenient remedy when our lives become overwhelming, these

ReaderShopping

Wine and Cheese, If You Please

Gathering on the front porch with friends often leads to summer tastings of wine and cheese. When an impromptu get-together comes to your neighborhood, try these nifty products.



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1. To enter: write your name, address, daytime phone number, and w women's pant size and men's pant size worn by you or a person in y household on a postcard and send to: Denim Sweepstakes, c/o Les Home Journal®, 125 Park Avenue 20th Fl., New York, NY 10017. O entry per household. 2. Sweepstakes begins June 15, 2004. Entries m be postmarked by June 15, 2004 and received by July 22, 20 Mc edith Corporation, 1716 Locust Street, Des Moines, IA 509 Sponsor" assumes no responsibility for illegible, lost, late, misdirect incomplete or stolen entries or mail. 3. Legal U.S. residents 18 years of age or older are eligible to enter, except employees of Sponsor, its ag s, affiliates, subsidiaries, and members of their immediate families or h sons residing in the same household. 4. On or about August 2, 200 random drawing from among all eligible entries received will be c ducted under the supervision of Sponsor to award the following la launched prizes in the following order: the first twenty-five (25) p izes drawn will each receive one pair of Levi's® 515 Novean Boot C jeans for women (approximate retail value "ARV"): $11; the subsequ twenty-five (25) entries drawn each receive one pair of Levi's® 5 jeans for men, ARV $54; and the final fifty (50) entries drawn will ea receive one pair of Lee® One True Fit jeans for women, ARV $11. W ners will be notified by mail on or about August 16, 2004. Prizes a awarded "as is" with no warranty or guarantee, express or implied, Winners agree to be bound by these Official Rules. The awarding of p zes is contingent upon potential winner's full compliance with the Official Rules. By accepting a prize hereunder, winners agree that Sponsor is not liable for injuries, losses or damages of any kind aris from participation in this promotion, and acceptance, possession and u of prizes. Sponsor reserves the right to substitute a prize of equal greater value if prize cannot be awarded as described. Sponsor disclai all and any liability for the actual provision, quality, fit or general nat of any third party goods provided to the winners. Decisions of Spons are final and binding in all respects. 5. Odds of winning depend on the number of eligible entries received. Estimated circulation of ov 3 million. 6. Except where prohibited by law, a entry constitutes permission to use the winner's entry, name, hometown, voice, likeness, p tograph, and any statements regarding this sweepstakes for editor public relations, promotional and advertising purposes on behalf Sponsor, without compensation. All potential winners may be requir to complete an Affidavit of Eligibility and Publicity Liability Relea within 10 days of notification or an alternate winner will be selected random drawing. If winner notification is returned as undeliverable, alternate winner will be selected by random drawing. By participat and winning a prize, winners release Sponsor, its parents, affiliates, s sidiaries, and agencies and their respective directors, officers, employe and agents from any and all liability with respect to the prize won participation in the sweepstakes. 7. Subject to all U.S. federal, state local laws and regulations. Void where prohibited. 8. For winne names, available after August 30, 2004, send a separate SASE to ab address. Residents of VT and WA may omit return postage.

medications should be only a stopgap. Unless a person learns better coping skills, the underlying stressors will continue to be a factor. "In some people, these drugs blot out the symptoms," says Carl L. Fishler, Ph.D., a psychologist at Ohio State University, in Columbus. "But sometimes these symptoms are a healthy emotional response that tells you something is wrong in your life that you need to fix."

The rule of thumb, say experts, is to use SSRI medications, which can take up to eight weeks to become effective, only when anxieties interfere with daily activities. For example, if someone is so keyed up from stress that she can't eat or sleep regularly or, like Denise Pinel, has frightening panic attacks, she may be a candidate for drug treatment.

Those experiencing transitory stress—a job loss, bereavement or even the need to quiet fear-of-flying butterflies—may be better served trying a benzodiazepine such as Valium, Xanax, Ativan or Klonopin. These drugs, which take effect almost immediately, can be taken as needed rather than every day, according to Lori Altshuler, M.D., director of the mood disorders research program at UCLA's Neuropsychiatric Institute, in Los Angeles. By enhancing a brain chemical, they work to produce a calming effect, but they are sedating, which can make people unable to drive or do routine chores. And for some patients, they can be habit-forming if they're taken three to four times daily for a week or two, says Jay S. Cohen, M.D., an associate professor of family and preventive medicine and psychiatry at the University of California at San Diego, in La Jolla.

Because of these drawbacks, doctors urge people to explore other ways of controlling stress, such as getting regular exercise, downsizing a crushing schedule or seeking cognitive-behavioral therapy, which teaches people to recognize obsessive or negative thoughts and then test them against reality. "You should discuss what you're feeling with your doctor," says Dennis Charney, M.D., a psychiatrist at the National Institute of Mental Health, in Bethesda, Maryland, and co-author of *The Peace of Mind Prescription*. "Medication can be very helpful. But unless your anxiety is so crippling that it interferes with your daily life and you just can't wait, try lifestyle changes or therapy first."

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Black Cherry Jubilee

A BETTER FOR YOU RECIPE

50 calories, 5g carbs, 2.5g fat, 2.5g sat. fat
Prep: 15 minutes plus refrigerating

1 cup boiling water
1 pkg. (4-serving size) JELL-O® Brand Black Cherry Flavor SUGAR FREE Low Calorie Gelatin
1 cup cold water
1 cup thawed COOL WHIP LITE® Whipped Topping, divided

STIR boiling water into gelatin in medium bowl at least 2 minutes until completely dissolved. Stir in cold water. **POUR** into 9-inch square pan. Refrigerate 4 hours or until firm. **CUT** gelatin into 1/2-inch cubes. Reserve 1/2 cup of the whipped topping; set aside. Layer gelatin cubes with remaining whipped topping in 4 dessert glasses. Dollop with reserved 1/2 cup whipped topping. Makes 4 servings.

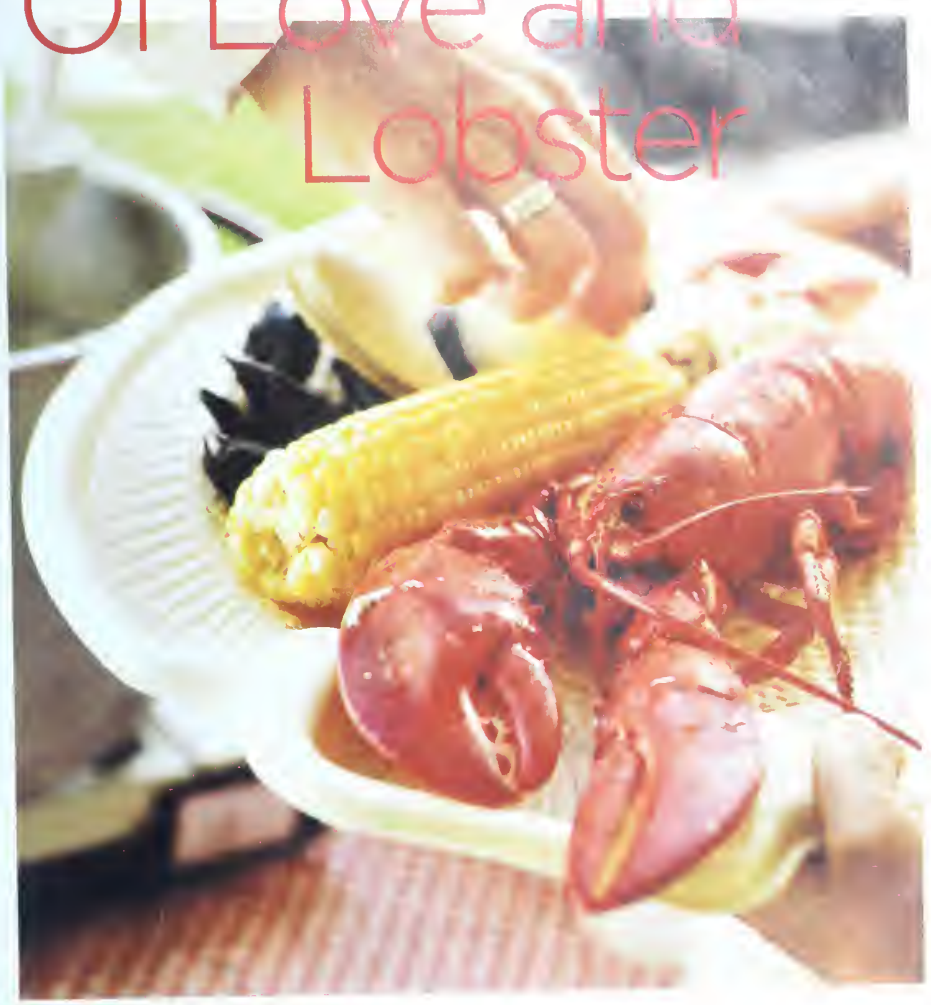
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Of Love and Lobster



The Eckharts celebrate their anniversary by spending time with each other while feasting on big, juicy lobsters

My husband, Brad, is a naval officer. As a military family, we've moved quite a bit over the years. We've never been in one place long enough to create our own traditions. Even when it came to our wedding anniversary, we didn't have a special way to celebrate. But just before our 10th anniversary, our 4-year-old, Sam, came up with a plan. He and I were grocery shopping. As usual, he made a beeline for the lobsters in the tank and asked if we could get one. I answered as I always did: "On a speeial oceasion." Most days, that satisfied him. But on this summer afternoon Sam said, "Let's get one for your anniversary." I told him it was a great idea.

So on the morning of our anniversary, Sam and I picked out the two biggest lobsters in the tank. He was later devastated to learn we were actually going to eat them instead of keeping them as pets, but his 8-year-old sister, Kelsey, was excited. That night, armed with napkins and bowls of melted butter, we feasted on lobsters and steaming corn on the cob. We had a messy good time.

Now with our 17th anniversary approaching, we'll do what we have done ever since: Buy a lobster for each member of the family—even our toddler, Pete, gets his own. Lobster Day is one of our family's most cherished traditions. It's not just a celebration of our anniversary, but also of the joy we bring to each other every day.

JACEY ECKHART, NEW ORLEANS

Have a family ritual of your own you'd like to see featured here? Send your story to lhj.rituals@meredith.com. We'll pay $50 for any stories we publish.

LHJ.com **How do you celebrate your anniversary? Share your story at www.lhj.com/marriagetalk**

Picture Perfect Porches

This summer, the most inviting room in your home needn't be indoors at all. Here, easy ways to make a stylish, relaxing retreat



PHOTOGRAPHS BY MIKI DUISTERHOF
PRODUCED BY KIERAN JUSKA





When architectural designer Mary Meagher teamed up with a family to build a summer home in a small town on the coast of Rhode Island, she knew the site—a generous spot of open land with unobstructed views of Narragansett Bay—would dictate the design. So she gave the house extra-high ceilings with expansive windows, but also planned for outdoor living spaces, including a spacious screened porch. The homeowners knew from past summers that they loved having a spot where they could relax or entertain without having to endure the harsh rays of midday sun or the relentless attack of mosquitoes. And sure enough, the new porch, with its dazzling vistas and comfortable furnishings, has become the family's favorite room during the summer months.

Furnishings were selected with flexibility in mind. The family often entertains friends and extended family, and the round dining table, perfect for grown-up meals, easily doubles as an arts-and-crafts table during the day for visiting kids. The rattan sofa and chairs, all more than 50 years old but recently refinished, have oilcloth-covered cushions that look contemporary in vivid turquoise and are also easy to clean. The oversize lime-green terry-cloth pillows encourage guests to snuggle up on the sofa with a good book on lazy afternoons, and the glass-topped rattan table is ideal for a spirited game of Scrabble.

It's the perfect spot to sit and watch the boats or the sunset, the homeowners say. "One of our favorite things to do is to curl up on the porch on a cloudy afternoon and watch a summer storm roll in. It's a beautiful sight, and we don't get drenched!" CONTINUED ON PAGE 130

This chaise lounge (above) is the perfect spot to enjoy air conditioning the way nature intended. Crate & Barrel's Susie dinnerware (left) adds colorful contrast to the natural stone tabletop, and Pottery Barn's clean-lined drinking glasses lend a modern touch. On breezy evenings, the Bella hurricane, also from Crate & Barrel, helps keep candles burning bright

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"Garden Glory"

Shown smaller than actual size of about 6 inches high

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Allen's keen eye for mixing patterns inspired her quirky collection of custom-made pillows, dressed in a cheerful assortment of fabrics. The red-bordered sisal rug cozies up the seating area and ties all the pieces together

Designer Leslie Allen grew up near the same small town in Connecticut where she and her husband, Lloyd, settled when they married 21 years ago. In fact, they still live in the house they bought as newlyweds. Much has changed, however: They now have two children—Sam, 12, and Phoebe, 9—and have renovated their home three times. Today the house is a cheerful representation of Allen's eclectic, upbeat and easygoing style.

The same goes for the screened porch, which was added to the house six years ago. Its simple bluestone floor, stained-pine ceiling, 10-foot-tall screened walls and CONTINUED

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unobtrusive white columns work together to create a substantial outdoor family room. Allen outfitted the space with a lively mix of vintage garden furniture: The white rattan sofa and round-backed metal dining chairs were passed down from a favorite aunt, and the rest of the furniture was accumulated over the years from various antique shops and flea markets. Allen united all the pieces with a coat of white paint, which can easily be freshened up every few years. The painted coffee table, originally a Mexican farm table with its legs cut down, is big enough for Sam and Phoebe to play board games on and share after-school snacks with friends. Hung on the wall above a glass-topped rattan console (which doubles as a sideboard or bar during parties) is an antique wooden cupboard. It has been in Allen's collection for years, and it's roomy enough to hold a full set of cherry-motif dishes as well as plenty of glassware.

Although it has long served as the family's central gathering space during warmer months—whether for intimate dinners with family and friends or as an alternative party spot when Phoebe's last outdoor birthday bash got rained out—the porch has also become a cherished spot where Allen can steal away from the hubbub of day-to-day family life for a bit of time on her own. "Sometimes I'll take my morning coffee and newspaper out there, or slip out on a phone call with a friend after dinner. When things get hectic in the rest of the house, the porch has always offered me a quiet retreat."

The collection of glasses (above)—from wine goblets to plastic tumblers—makes it easy to stage an impromptu cocktail party when friends stop over, or to throw together a family dinner. Custom-made cushions (left) make the metal dining chairs more comfortable. Constructed from weather-resistant Sunbrella fabric, the cushions won't fade from sun exposure

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...Chronic
...CONTRAINDICATIONS ... PRECAUTIONS Drug Interactions with Erythromycin and Ketoconazole ...

Effects on steady state fexofenadine hydrochloride pharmacokinetics after 7 days of co-administration with fexofenadine hydrochloride 120 mg every 12 hours (two times the recommended twice daily dose) in normal volunteers (n=24)

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...Nonteratogenic Effects. ...

...Nursing Mothers ...

...Pediatric Use ...

...Geriatric Use ...

...ADVERSE REACTIONS Seasonal Allergic Rhinitis ...

Adults

...Once daily dosing with fexofenadine hydrochloride tablets at rates of greater than 2% ...

Table 2
Adverse experiences reported in placebo-controlled seasonal allergic rhinitis studies in pediatric patients ages 6 to 11 in the United States and Canada at rates of greater than 2%

...Chronic Idiopathic Urticaria ...

Table 3
Adverse experiences reported in patients 12 years and older in placebo-controlled chronic idiopathic urticaria studies in the United States and Canada at rates of greater than 2%

...OVERDOSAGE ...

...DOSAGE AND ADMINISTRATION ...
Seasonal Allergic Rhinitis Adults and Children 12 Years and Older ...

...Children 6 to 11 Years ...

...Chronic Idiopathic Urticaria Adults and Children 12 Years and Older ...

...Children 6 to 11 Years ...

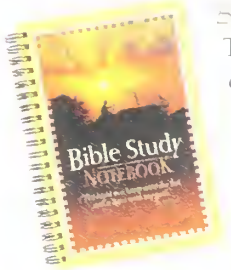
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(Clockwise from top left) Ramirez taking time out on the porch; a warm and fuzzy moment with her brood; Joseph walking Tank, the dog; Vanessa in her bedroom

Sherri Ramirez endured poverty, abuse, cancer and the tragic death of her fiancé, but she never gave up hope for herself and her children

BY RONNY FRISHMAN

Gesturing at the rose and azalea bushes outside her new home in Rainelle, West Virginia, Sherri Ramirez marvels at just how far she has come. "My family lived in good neighborhoods, yet there was always a rundown shack in the middle—ours," she says. Ramirez, 33, vowed that her children would never feel the shame she did as the poor kid on the block. Against all odds, she succeeded. "I finally have a place the kids can call home," she says joyfully. "I'm not embarrassed for anyone to come here!"

Born and raised outside Baltimore, Ramirez has few fond memories of her youth. Her father, a Vietnam vet, earned a meager living as an apartment maintenance worker until a back injury in 1982 left him permanently disabled. Her mother cleaned apartments, and Ramirez and brothers Carl, then 15, and Michael, 12, picked produce at local farms; she also assumed much of the care for brother Stephen, 9. What she remembers most was how her parents fought constantly because of their financial straits. "Our home life was very tense," she says. At 16, Ramirez dropped out of school and went to live with an aunt and uncle in nearby Sterling, Virginia.

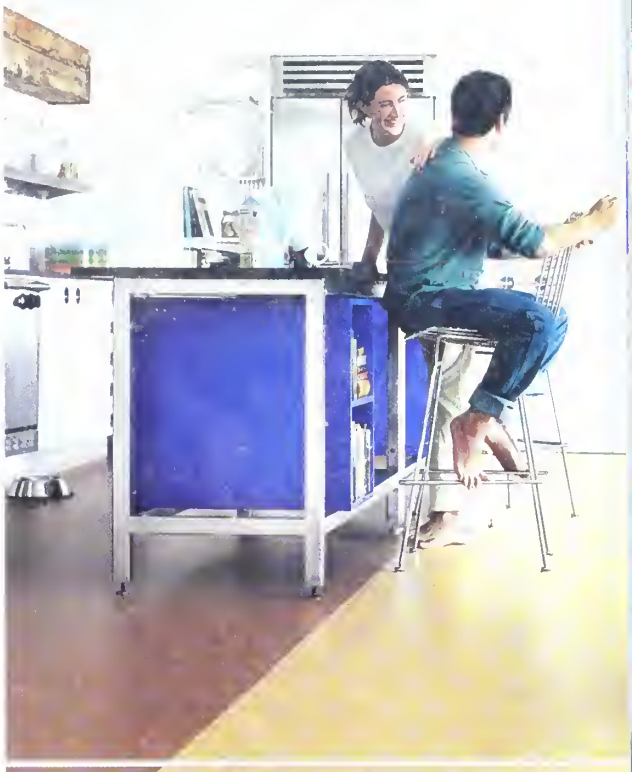
Lonely and unmoored, she soon met and married Fernando Ramirez, a 27-year-old Colombian veterinarian who was trying to get his license to practice in the U.S. After the birth of their daughter, Vanessa, in October 1989, they moved to Rupert, West Virginia, where Sherri's parents had recently settled. Soon after, Fernando suffered a ruptured aneurysm in his brain, leaving him mentally impaired. His parents flew the couple and baby Vanessa to Bogotá so he could continue to receive therapy. But months passed, and Fernando did not improve. Ramirez returned to Rupert in December 1990 to move in with her parents and brother Stephen. But it was not the safe haven she was hoping for: Facing physical abuse, Ramirez fled with her daughter to a women's shelter in 1991.

Social workers helped her obtain public assistance and an apartment, and life began CONTINUED ON PAGE 138



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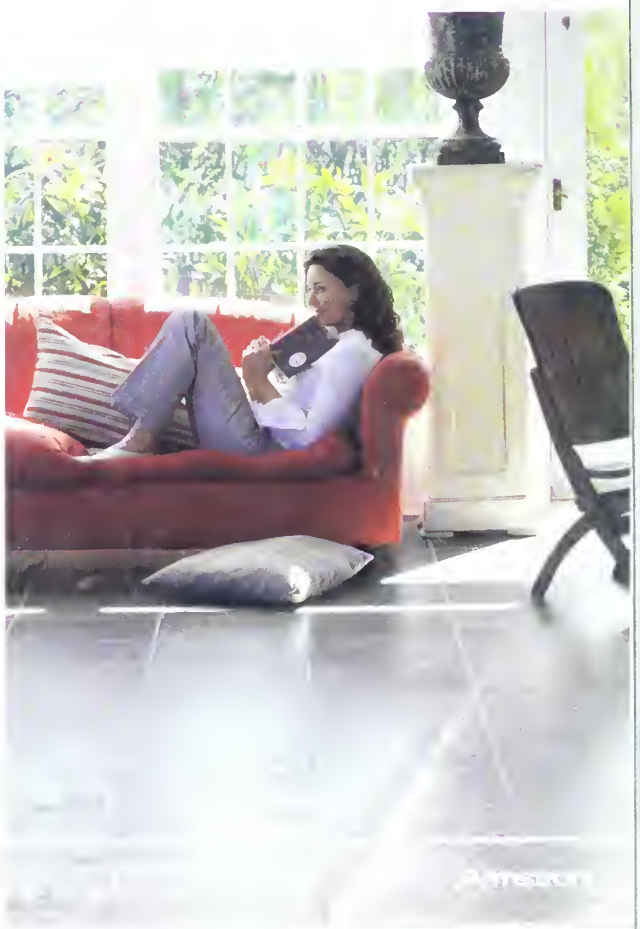


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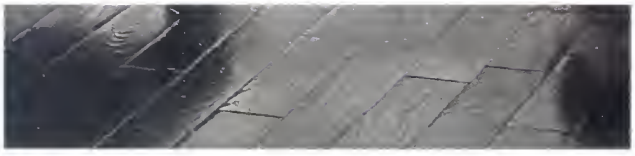


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In a remarkable turn of events, arguably one of the strangest in the history of cosmetics, men across the country are putting a stretch-mark cing emulsion called StriVectin-SD on their face to inish fine lines, wrinkles and crows' feet. And, if sumer sales are any indication of a product's ctiveness, StriVectin-SD is nothing short of a miracle. men (as well as a growing number of "Boomer" men) buying so much StriVectin-SD that finding a tube at r local cosmetic counter has become just about ossible. Has everyone gone mad? Well... not really.

ientific Breakthrough or Dumb Luck?

lthough StriVectin-SD was already backed by clinical s documenting its ability to visibly reduce the depth, gth, discoloration and roughness of existing stretch ks, the success of StriVectin-SD as an anti-wrinkle am was "dumb luck," says Gina Gay, spokesperson for n-Becker, StriVectin-SD's exclusive distributor.

When we first handed out samples of the StriVectin mula to employees and customers as part of our market earch, the sample tubes were simply marked 'topical am' with the lot number underneath," Ms. Gay explains. the samples were passed to friends and family, the ssage became a little muddled and some people used 'topical cream' as a facial moisturizer. As we began to eive feedback from users, like 'I look 10 years younger' 'my crows' feet are gone,' we knew we had something re than America's most effective stretch-mark reducer. e point was driven home as store owners began orting that almost as many people were purchasing Vectin as an anti-wrinkle cream as were buying it to luce stretch marks."

Dr. Daniel B. Mowrey, Klein-Becker's Director of entific Affairs, says, "Clearly, people were seeing results. t we didn't have a scientific explanation as to why s wrinkle-reduction was occurring. However, based the incredibly positive reports, I started using it self — applying StriVectin to my face after shaving." . Mowrey adds, "On a personal note, my wife tells me aven't looked this good in years."

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dy References:
0438 "Relevance of antiwrinkle treatment of a peptide: 4 months clinical double blind study vs. placebo." 20. World Congress of Dermatology. 60 subjects. 4 mos.
0179 "Pentapeptide offers improvement in human photoaged facial skin." 20. World Congress of Dermatology. 204 subjects. 14 weeks.

Dumb Luck Strikes Again!

Then, on Tuesday, July 2, 2002, at a meeting of the 20th World Congress of Dermatology in Paris, France a series of studies detailing the superior wrinkle reducing properties of a patented oligo-peptide (called Pal-KTTKS) versus retinol, vitamin C, and placebo, on "photo-aged skin" was presented. "As luck would have it," Dr. Mowrey states, "the wrinkle-reducing oligo-peptide tested in the breakthrough clinical trials turned out to be a key ingredient in the StriVectin cream."

In the trials, subjects applied the patented peptide solution to the crows' feet area on one side of the face, and a cream containing either retinol, vitamin C, or a placebo to the other side.

Subjects in the Pal-KTTKS/retinol study applied the cream once a day for 2 months and then twice a day for the next 2 months. Using special image analysis, the study's authors reported "significant improvement" in wrinkle depth, length, wrinkle volume, and skin roughness for those women using the peptide solution.

Better yet, at the 2-month halfway point, the peptide solution thickened skin nearly 1.5 times faster than retinol, and without the inflammation retinol often causes in sensitive skin. As was expected, the results of the remaining studies confirmed that the Pal-KTTKS solution's effectiveness at reducing the appearance of fine lines and wrinkles far exceeded both vitamin C and placebo.

A smoother, younger complexion, less irritation, fewer wrinkles, and faster results – all without expensive (and painful) peels, implants or injections.

Better than Retinol and Vitamin C, But Is StriVectin-SD® Better than Botox®?™

Dr. Nathalie Chevreau, Director of Women's Health at Salt Lake City based Basic Research, exclusive distributor for Klein-Becker, explains. "Many researchers believe less invasive cosmetic alternatives are better than Botox® (sometimes referred to as Botox Cosmetic). That's because topical creams and gels offer gradual, continual results, while the effects of injections, facial peels, and dermabrasions wear off... in fact, you'll never look better than you do shortly after the inflammation and redness subside. Not one bit better!"

"Furthermore," Dr. Chevreau continues, "Botox has been approved by the FDA for an extremely limited use — the tiny, little space of deep furrows between the eyebrows (called glabellar lines) — and can cause side effects such as headache, temporary eyelid droop, and nausea. While StriVectin was not designed to eliminate the deep glabellar lines targeted by Botox, the proprietary StriVectin complex has been shown to significantly reduce the appearance of fine lines and facial wrinkles (including crows' feet) that can add 10-15 years to your appearance... the type of fine lines and wrinkles Botox treatments leave behind."

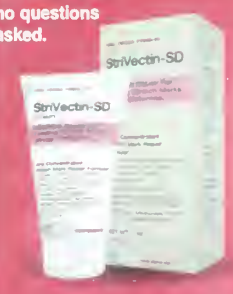
In other words, StriVectin-SD helps give you a youthful, healthy, glowing complexion faster than retinol, far superior to vitamin C, and without irritation, needles, or surgery.

So, if you see someone applying an anti-stretch mark cream to their face, don't think they've gone off the deep end... they may be smarter than you think.

Having a hard time finding StriVectin-SD®?

If you've been searching for StriVectin-SD, you already know it's become almost impossible to find. Don't bother with Neiman Marcus, they don't have it... Your best bets are SEPHORA shops, PARISIAN, Lord & Taylor, bloomingdales or Saks 5th Avenue (they always try to keep it in stock) or, believe it or not, the pregnancy section of your local GNC or high-end supplement retailer. To be absolutely sure, you can order StriVectin-SD directly from Klein-Becker at: 1-800-691-4210 or order online at www.StriVectin.com.

Since StriVectin-SD was designed as a stretch-mark reducing formula, it comes in a large, 6-ounce tube. At $135.00, StriVectin-SD is not cheap... but when used as a wrinkle-remover, one tube will last approximately six months. By the way, StriVectin-SD is backed by Klein-Becker's money-back guarantee. If StriVectin-SD doesn't make your skin look younger, healthier, and more vibrant, simply return the unused portion within 30 days for a full refund... no questions asked.



Call 1-800-691-4210 or order online at www.StriVectin.com.

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Motrin IB

Habitat for Humanity International

to improve. At a friend's party later that year, Ramirez ran into an old acquaintance—tall, slender, blue-eyed Richard McCafferty, 21, a painter and handyman who also came from a troubled family. "We connected on a lot of levels," says Ramirez, who was drawn to McCafferty's calm, easygoing nature.

After several months of dating, the two wanted to get married, but Ramirez didn't have the $1,400 it would cost for a divorce. The couple moved to rural Orient Hill, where they celebrated the births of Gabrielle in 1992 and Joseph in 1993. However, McCafferty's frequent unemployment and increasingly serious drinking problem took a toll on the relationship, and Ramirez threatened to walk out. He promptly sobered up and enrolled in an electricians' training program. "We were excited about bettering our lives," Ramirez recalls.

On July 23, 2001, just before his graduation, the family, along with McCafferty's niece, Desirée, 11, and his sister-in-law, Pam, went camping at New River, West Virginia. "The kids were having a blast," recalls Ramirez. She left for a run to the store, only to return to a horrifying scene: Joseph, 5, was perched on a rock, watching his father flail in the water as he tried to reach Vanessa, Gabrielle and Desiree, who were down river struggling to stay afloat. The children had been wading in knee-deep water when a strong current swept them off their feet. McCafferty, a weak swimmer, had jumped in to save them. Ramirez dove in and, with Pam's help, managed to get the girls to safety. Caught in an eddy, McCafferty drowned.

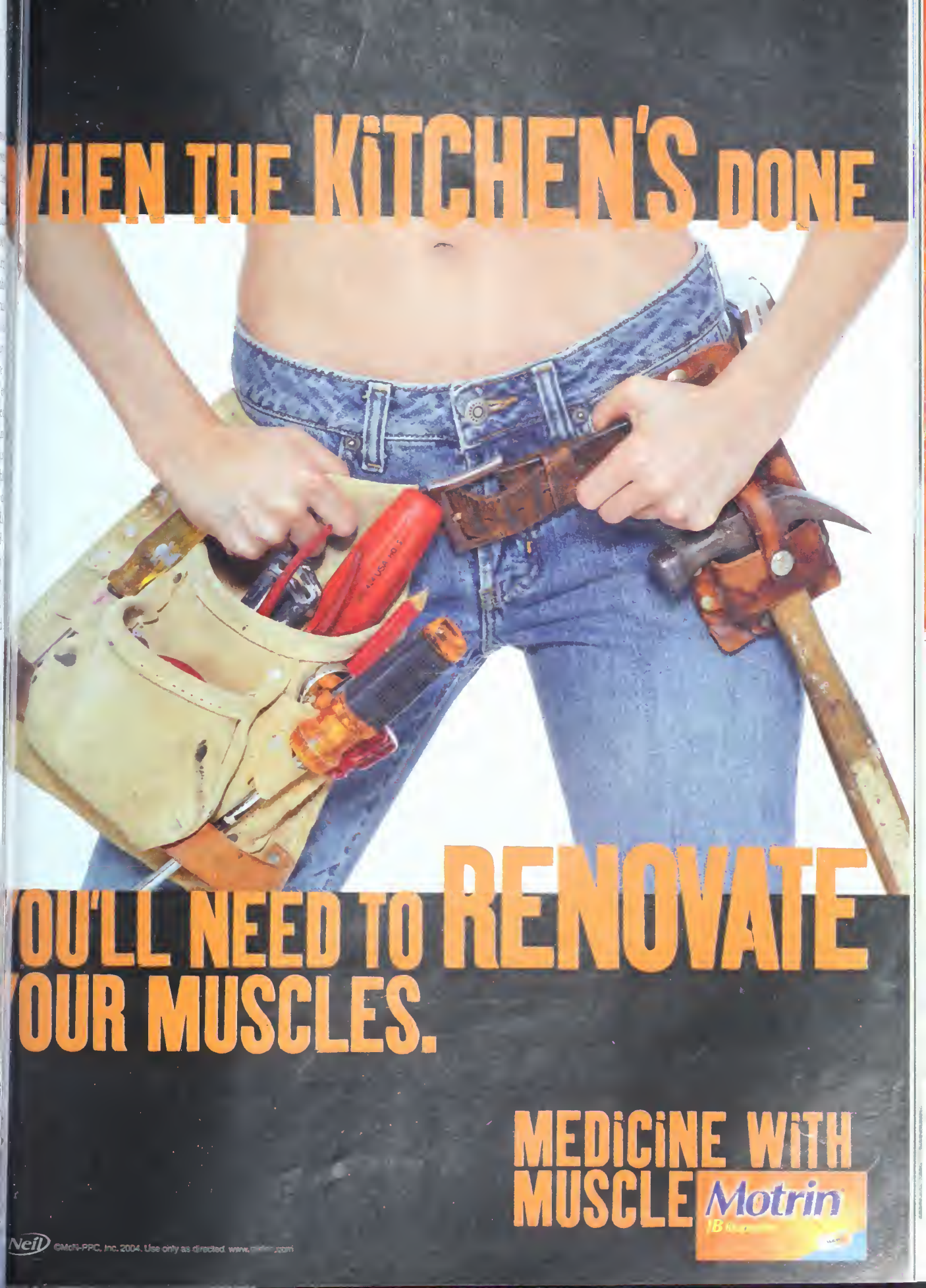
The loss was devastating. "The girls cried and cried, but Joey took it the hardest," says Ramirez. Adding to their misery was their leaky, moldy old trailer, which, she suspected, had contributed to her kids' respiratory infections over the years. After hearing about Habitat from a friend, she applied in 2002 to the local affiliate in Lewisburg. She was approved three months later, when it was determined that McCafferty's death benefits could help her cover the $350 down payment and $211 monthly mortgage.

Tragedy struck yet again later that year. Ramirez was diagnosed with multiple myeloma, a rare cancer of the blood that is treatable but incurable. The cancer was caught early, but Ramirez still required chemotherapy, as well as steroids and antibiotics for the painful kidney infections that often accompany the disease. She was covered by Medicaid. Despite nausea and fatigue, Ramirez put in the required 175 sweat-equity hours, and in January 2003 the family moved in.

With her cancer now in remission, Ramirez has transformed the place, turning the back porch into her bedroom and adding an interior wall so the kids can each have their own room. Determined that her kids not repeat her mistakes, she insists that education come first, and all three are excelling academically. Although she's lost contact with Fernando and his family in Colombia, Ramirez has begun investigating legal avenues for getting a divorce so that she can marry her new love, Rick Dailey, a 40-year-old mill worker. "A year ago, Vanessa didn't know how we were going to go on with our lives," she says. "Now she says, 'We did it, Mom—we're moving on!' "

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Use as d[illegible] program improves chances of success. ©2004 GlaxoSmithKline Consumer Healthcare, LP.



What Your Coffee Cravings Mean

A cup of coffee can give you a jolt to get your day going. But over time, you're likely to find it takes more to get the same kick start as your body builds a tolerance to your usual daily amount (a phenomenon that occurs with most addictive substances). So you have to be careful about how many cups you build up to. Though coffee has a surprising number of benefits—from revving up your metabolism to enhancing mental acuity—you can get too much of a good thing.

So-called caffeine intoxication is a condition that brings about anxiety, nervousness and tremors, says Roland Griffiths, Ph.D., a professor of behavioral biology at Johns Hopkins School of Medicine, in Baltimore. The average person can consume between 250 and 500 mg of caffeine a day without ill effects. While the average cup delivers 100 mg, a Starbucks Grande (16 oz.) can pack 223 mg. Add a 12-oz. Diet Coke, and you're up to 270 mg. Though annoying, caffeine intoxication is not life-threatening. The only thing to do is wait it out. It can take up to six hours for the effect of caffeine to wear off. *—Anne de Ravel*

A Bright Spot in Acne Treatment

Effective acne treatments have been elusive, and come with side effects such as sun sensitivity and depression, but a revolutionary light therapy is changing all that. The new treatment works by using different wavelengths of light to stimulate the body's immune system to attack acne-causing bacteria. "It literally gobbles up the bacteria," says Cindy Graf, a laser-light expert at Laser Centers of Wisconsin, in Milwaukee. The treatments, now widely available from dermatologists, cost about $150 a session and are generally not covered by insurance. Usually, about four 10-minute treatments are needed to clear the skin. The light causes no visible side effects but produces a mild, short-lived stinging sensation. The procedure can be done anywhere on the body where acne occurs. *—Janine S. Pouliot*

New Help for Hemorrhoids

Q: I first got hemorrhoids when I gave birth to my daughter three years ago. I've heard hemorrhoid surgery is awful, and over-the-counter remedies don't work for me. Are there any alternatives?

A: Hemorrhoids occur when pressure from constipation, pregnancy or weight gain causes veins around the rectum to weaken and slide down. They're rarely a serious health threat, but they do cause discomfort. Fortunately, a new procedure, using surgical staples to pull the veins back into their normal position, requires only two or three days' recovery. It's also less painful than the previous method, which involved cutting out inflamed veins and required up to six weeks for recovery, says Erik Wilson, M.D., an assistant professor of surgery at The University of Texas Health Science Center at Houston. If your symptoms persist for more than two or three months, your hemorrhoids are probably not going to go away, and you may want to consider surgery, says Dr. Wilson. *—Maureen Kennedy*

LHJ.com **For up-to-date health news,** visit: www.lhj.com/health

A younger generation is getting rid of joint pain and getting back to life.

The pain in Joan's hips was so bad that she couldn't go shopping, couldn't climb stairs, couldn't even bend over to put her socks on. At age 58, she felt she had too much life ahead of her to spend it in constant pain. Worse still, her wedding was coming up, and she worried that she wouldn't be able to walk down the aisle. That's when Joan asked her doctor for a solution that would make the pain go away—for good.

Joan isn't alone. Nearly one-third of Americans suffer from joint pain, and for 18 million of them, the cause is osteoarthritis. Many people think the daily creaks and groans in their joints are a natural part of getting older. It is for this very reason that osteoarthritis is called a "quiet" disease, often going undiagnosed until its later stages. However, osteoarthritis is a degenerative condition, and if left untreated, the pain it causes can rob you of your mobility, your vitality and even the quality of the time you spend with your family.

Why should you live with pain?

For many people, just seeing one's doctor is a big first step. As you cope with the challenges of daily life, it's easy to forget that pain is not normal. It may be a sign of a larger problem, like osteoarthritis, that won't just go away. The good news is that the pain in your joints can be treated, and doctors agree that the sooner you treat it, the better.

Many people try to treat themselves with over-the-counter painkillers, and when those stop working, they turn to their primary care doctors who prescribe higher strength pain medications. But pain is only part of the problem. While medicines give you short-term relief, they may simply mask the underlying damage being done to your joints by a progressive disease like osteoarthritis. That's why it's a good idea to talk to a joint specialist right away, to see if a more permanent solution can eliminate your pain.

Not your grandfather's joint implants.

More and more baby boomers are challenging the conventions of previous generations and turning to a new medical technology that can help them stay active longer. Hip and knee replacements were once considered only a last resort for the elderly. Today, advancements in ceramic-on-ceramic technology for hip replacements have produced longer-lasting, better-performing implants that can restore the active lifestyle younger people are looking for. Even the replacement procedures have moved miles ahead, as many doctors opt for minimally invasive techniques that may lead to faster recovery times.

Most patients are startled by the positive results from joint replacement. When Joan's doctor recommended a hip implant, she braced herself for a long, painful period of recovery. But four days after the procedure, she climbed a flight of stairs with her new hip. When she was living in pain, she could never dance at her friends' weddings, but after her hip replacement, she effortlessly walked down the aisle—and danced—at her own. "It gave me my life back, to the point where I don't even think about it anymore," Joan says. "I would tell anyone with that kind of pain not to wait. Talk to your doctor and do something about it."

For the millions of boomers with chronic joint pain, suffering in silence is simply not an option, especially when taking action can take the pain away. It never hurts to get more information about effective treatments from your doctor, a joint specialist, and www.strykerceramics.com or call 1-888-stryker.

Individual results may vary. There are potential risks and recovery takes time. The life of any joint replacement will depend on your weight, age, activity level and other factors. Only an orthopedic surgeon can tell if surgery is right for you.

Is joint replacement right for you? Ask yourself these seven questions:

1. Do you feel chronic joint pain in your hip or knee?
2. Does the pain keep you from doing activities you used to do?
3. Has the pain gotten worse in the last year?
4. Does the pain ever wake you up at night or prevent you from sleeping?
5. If you're currently being treated for the pain, has the treatment become less effective?
6. Do you feel like the pain is interfering with your life?
7. Have you been diagnosed with osteoarthritis?

If you answered "yes" to two or more of these questions, joint replacement may be a good choice for you, sooner rather than later. Ask your primary care physician about your options and find a joint specialist near you at www.strykerceramics.com or call 1-888-stryker.

"I had my hip replaced to get back to life, not just for golf."



Jack Nicklaus



A few years ago, I finally decided to get a hip replacement. I didn't do it to get back my swing.

I did it to get back to participating in the fun of a big, active family. I was tired of being a bystander.

After discussing my goals with my doctor, he recommended a new kind of ceramic-on-ceramic and titanium hip developed by Stryker. It's part of a new generation of joint replacement options designed for people who want to stay active.

My advice is don't wait. Talk to your doctor and find out if the Stryker ceramic and titanium hip is an option for you.

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For more information on a new generation of joint replacement options, consult your doctor, visit www.strykerceramics.com/lhj or call 1 800 934 3170.

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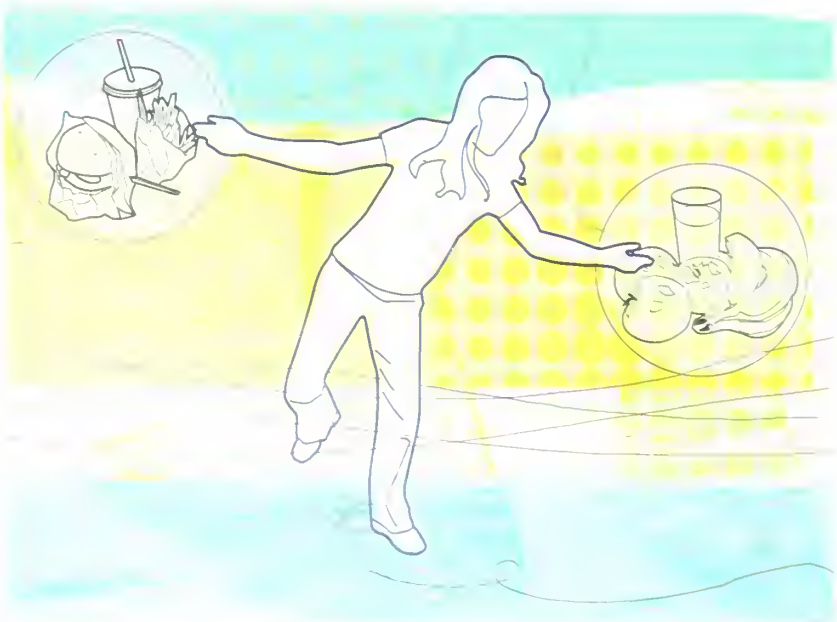
Individual results may vary. There are potential risks and recovery takes time. The life of any joint replacement will depend on your weight, age, activity level and other factors. Only an orthopedic surgeon can tell if surgery is right for you.

10 Eating Habits of High-Energy People

Feel and look younger with these smart, easy (and tasty) food strategies

When you look at high-energy people, healthy eating is nearly always something they all have in common. But what constitutes "healthy" is subject to a surprising amount of confusion. Clearly, certain time-honored rules apply: The long-held U.S. government recommendation of five servings (think fistfuls) per day of fruits and vegetables still makes great nutritional sense. Likewise, the advice to limit the amount of refined white sugar and flour in your diet is irrefutable. Any good eating plan accommodates those guidelines.

I coined the term *RealAge* to reflect not a person's calendar age but the age that more accurately represents how much his or her body has aged. It can be many years older or younger than calendar age, depending on individual habits of health and well-being. But even if your RealAge is older than your calendar age, there's no need to despair: Science over the past 20 years has shown that aging can be slowed down or even reversed by adopting healthy habits, especially when it comes to eating. (To calculate your own RealAge, visit *www.RealAge.com*.) When I explain my "RealAge diet" to people, however, most are amazed to learn that it includes many delicious foods that they assumed were either forbidden or severely restricted. How can this be? It's because the key to my eating-for-energy plan is its effect not on what the scale says but on the two main areas of the body that control aging: the arteries and the immune system.



In my view, the arteries are the single most important part of the body. They deliver blood and its nutrients to your skin, heart, brain, muscles, reproductive organs and every cell in your body. If your arteries are not cared for properly, they get clogged with fatty buildup, which diminishes the amount of oxygen and nutrients that can reach the cells. CONTINUED

BY MICHAEL F. ROIZEN, M.D.

Excerpted from the book The RealAge Makeover by Dr. Michael F. Roizen
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When your immune system is working hard, you become sluggish, sickly and literally older than your years.

Your immune system, the other major factor affecting your RealAge, is the body's vital self-protecting mechanism. It constantly monitors your health and springs into action to thwart potential problems by seeking out and destroying viruses or bacteria, for example. Keeping the system fit is essential to avoiding disease and preventing aging. And eating right is crucial to achieving that fitness.

The age-retarding, energy-boosting eating plan I've devised advocates forgetting about diet as a way to lose weight and thinking about food as what it is: *fuel* for your body to run efficiently. You wouldn't put low-grade gasoline in a premium engine; neither should you run your body with the nutritional equivalent. A pleasant side effect: When you cultivate this way of eating, you'll naturally gravitate toward a healthy weight—and a younger RealAge.

Best of all, the 10 healthy habits below include some happy surprises.

1 EAT FAT FIRST

At the beginning of every meal, eat a bit of healthy fat—a few walnuts, a tablespoon of guacamole, some whole-grain bread dipped in olive oil. You'll feel full sooner and end up eating fewer calories overall. And by "healthy" fat, I mean the artery-sparing, unsaturated kind found in olive oil, canola oil, avocados, flaxseeds, fatty fish and some legumes. (Be sparing with refined oils used in so many processed foods. Do, however, keep your daily fat consumption [roughly] at or below 25 percent of your total calories.)

A drink a day—whether wine, beer or spirits—slows down aging, though no one is exactly sure how or why

The average night now in the United States hovers closer to 80 grams, or 35 percent of total calories.

2 NEVER SKIP BREAKFAST

A high-nutrient morning meal power-starts your day, keeps your blood-sugar levels stable and helps you avoid hunger pangs that lead to cravings and unwise choices later in the day. Whole-grain cereals are particularly good. They are abundant in fiber, which prevents lipid buildup and thus helps prevent arterial aging.

3 FILL UP ON FLAVONOIDS

Flavonoids are antioxidants found in plants that help you fight the aging of the arteries and the immune system. They're plentiful in cranberries, cranberry juice, orange juice, tea, red wine, apples, applesauce, strawberries, broccoli, onions and other deeply colored fruits and vegetables. Thirty-one milligrams a day (a cup of broccoli or an apple each have about 4.2 mg of flavonoids) will make your RealAge substantially younger.

4 LABLE ON THE MARINARA

Tomatoes are superfoods, and data show that they are even better for you when they're cooked (especially with a little healthy fat, such as olive oil). All tomatoes contain a carotenoid—a kind of vitaminlike pigment found in many fruits and vegetables—called lycopene. In addition to giving tomatoes their bright-red color, lycopene has immune-strengthening, anti-inflammatory properties that not only keep your arteries young but may also inhibit the growth of cancers of the prostate, lung and breast. When tomatoes are exposed to heat, the lycopene content actually increases. Aim to eat at least 10 tablespoons of tomato sauce a week.

5 FEAST ON FISH

Many kinds of fish, including salmon and white-fleshed fish such as cod or bass, contain omega-3 fatty acids, a type of fat associated with healthy heart function. Indeed, eating non-fried fish of any kind, whether fatty or not, at least once a week may cut your risk of heart attack in half. No one is sure why this is so, but experts speculate it's because omega-3s prevent plaque buildup along artery walls. For those concerned about the presence of mercury, PCBs or other contaminants, my advice is to eat a variety of fish from a variety of sources. The FDA, while endorsing the nutritional value of fish in general, has issued a warning that pregnant women, nursing mothers and young children should not eat shark, swordfish, king mackerel or tilefish, since all contain high levels of mercury. However, the agency urges these at-risk groups to eat up to 12 ounces a week of fish with low mercury, such as salmon, canned light tuna, pollock and catfish.

CONTINUED

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LIMIT RED MEAT TO 4 OUNCES A WEEK

This is probably the only *ouch* item on this list—most Americans love their hamburgers and steaks. But whether it's the saturated fat in red meat or some other substance, many studies have documented that eating too much of it increases inflammation of the arteries and ages the immune system. It's true that "bad" LDL cholesterol levels can decline when someone goes on a red-meat-intensive diet, such as Atkins, but only when the person also loses a significant amount of weight—and in the meantime, the inflammation that red meat promotes still prematurely ages the arteries and immune system. Think of red meat as a condiment, a way to impart flavor, rather than as a main course. By the way, this also goes for the "other white meat," pork.

CHOW DOWN ON REAL CHOCOLATE

Real chocolate—the dark kind, which is cocoa butter–based, not milk chocolate or "chocolate" concocted from trans fats and injected with flavoring—is a kind of miracle food. It's a saturated fat that the body transforms into a healthy fat. As such, it provides age-reducing flavonoids. You'll need to read labels, but you'll know by the magnificent taste when you've got the real McCoy. Like all fats, though, chocolate is calorically dense, packing more calories per gram (around 6) than either protein or carbohydrates (4). So don't go overboard.

DRINK UP—IN MODERATION

Mounting evidence suggests that one-half to one alcoholic beverage a day, whether wine, beer or spirits, helps decrease your RealAge. Alcohol itself slows down arterial aging, though no one is exactly sure how or why. (One theory holds that alcohol promotes the oxidation of fat that would otherwise accumulate as plaque along artery walls.) And red wine confers some extra benefits because it contains resveratrol, a flavonoid that slows the cells' aging process. Resveratrol is found in the skin of a grape, and red wines have been in contact with that skin for longer than have whites (hence the red color). If you prefer the taste of white wine, here's a trick: Freeze three grapes of any color (all contain resveratrol), then place them in the bottom of your glass. Pour the white wine over the grapes, and eat the grapes

fterward to get the same effects ou'd get from red wine. But remem- er, the payoff evaporates as drinking ncreases. In addition to a host of other roblems, heavy drinkers frequently ave a RealAge that is three years lder than that of moderate drinkers.

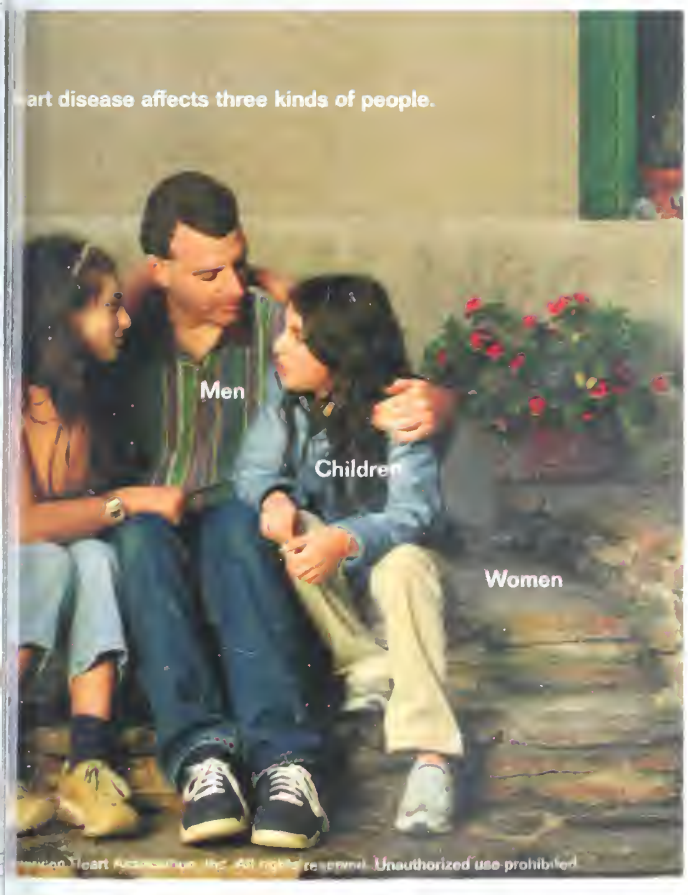
REACH FOR THE JAVA

f you love caffeinated beverages as nuch as I do, you're in luck. As long s you don't exhibit any of the rela ively infrequent side effects of caf- eine consumption, such as abnormal eartbeat, migraines, gastrointestinal pset or caffeine "intoxication" (see age 141), there's good reason to nock back four or more cups a day f coffee or diet cola. Enough studies ave now been performed that we can say with confidence that drinking four or more 6-ounce cups of coffee a day may significantly decrease your risk of Parkinson's disease and Alzheimer's. This in turn makes your RealAge younger by three to six months. Just be sure to filter your coffee through paper (to rid it of oils) and take it with skim milk, if any, and no sugar.

ENJOY THE ADVENTURE

All too often, eating is an unconscious act; we can overeat simply because we're not paying attention. Use your senses to savor the colors, textures, smells and flavors of your food. And even if you're a busy parent who finds grocery shopping and preparing meals a chore, remember that sharing food is a bonding experience, a time when family members can catch up on one another's lives. Such enjoyment is itself an energy booster, but ond that, preparing your own food is the single best guarantee that you are eating the right stuff. So focus on the pleasures of cooking rather than the tedium. If you haven't a clue what to do with a funny-looking vegetable (kohlrabi, for example), look it up and try out a recipe. In fact, make a point of testing a new recipe at least once a week. And broaden your culinary horizons: Experiment with Thai, Italian, Japanese or vegetarian cooking. In short, view healthy eating as an adventure, not an obligation.

LHJ.com For more advice on nutrition, visit: www.lhj.com/nutritioninfo



In an instant, sudden cardiac arrest ended Elaine Sachs' life. For her husband and children, it forever ended life as they'd always known it. Heart disease is America's number one killer of women. The American Heart Association can help provide lifesaving information for your family. We have the research. We have the knowledge. Let us share it with you.

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FINGER FOOD, LATIN STYLE

Taste Tapas combined with entertaining, sangria and good friends, add up to a stress-free recipe for summer fun.



Get your guests in a merry mood with a bright, colorful table setting. Have them relax with a glass of chilled sangria and a plate of tidbits. They'll be instantly transported to Spain. At right: Marinated Olives With Lemon and Herbs

What better way to enjoy the long, warm nights of summer than inviting friends over for a fun, casual outdoor meal? Serve up some savory tapas and the evening is sure to be a success. Tapas are believed to have originated in mid 19th century Spain as a slice of meat covering a glass of sherry, and they have evolved into bite size nibbles that include marinated olives, meats, cheeses, seafood and sausages. Now tapas have become crowd favorites since most are simple to prepare and perfect for party goers to balance on their lap, a glass. Plus, tapas can be made in advance and served at room temperature.

Creating a festive Latin mood is a breeze. Put on some lively flamenco music, light candles and lay out decorative throw rugs and large pillows (if you have them) on the lawn or deck for your guests to lounge on. Arrange the tapas on platters or in colorful small dishes. And don't forget to have plenty of Spanish wine or chilled sangria on hand, which are perfect complements to these tasty morsels. Then kick back and enjoy the perfect fiesta.

PHOTOGRAPHS BY BROOKE SLEZAK
RECIPES AND STYLING BY LORI POW
TEXT BY CAROLINE STANLEY



White Sangria

SERVES 8

Prep time: 12 min **Total time:** 4¼ hrs

Kitchen cue: Add the club soda just before serving or it will go flat.

- 12 oz. (3 cups) raspberries
- 2 nectarines or peaches, halved, pitted and sliced thin
- 2 bottles (750 ml. each) chilled white wine
- 6 tablespoons orange-flavored liqueur such as Grand Marnier
- 3 tablespoons sugar, or to taste
- 1 cup chilled club soda

Arrange raspberries, then nectarines in a large serving bowl and top with wine, liqueur and sugar. Gently stir to combine, then keep chilled and covered for at least 4 hours. Top with club soda before serving.

Per serving: 215 calories, 0 g saturated fat, 16 mg sodium, 18 g carbohydrates, 29 mg calcium, 3 g fiber

SERVES 8

Prep time: 5 min **Total time:** 10 min

Kitchen cue: If you can't find Spanish smoked paprika, which has a richer flavor, use regular paprika, sweet or hot, available in the spice section of your supermarket.

- 1 bag (16 oz.) salted potato chips
- 1 teaspoon hot or sweet smoked paprika

◆ Preheat oven to 400°F. Arrange chips in one layer on 2 baking sheets. Bake chips in upper and lower thirds of oven 3 minutes. Put ½ teaspoon paprika in a small sieve set over a bowl. Remove chips from oven. Shaking sieve, sprinkle paprika evenly over warm chips.
◆ Bake chips for 2 more minutes. Transfer sheets to racks to cool and sprinkle chips as before with remaining paprika.

Per serving: 305 calories, 6 g saturated fat, 337 mg sodium, 30 g carbohydrates, 14 mg calcium, 3 g fiber

SERVES 8 (MAKES 3½ CUPS)

Prep time: 10 min **Total time:** 12 min

Kitchen cue: To create a variety of savory flavors, we served the olives with toasted salted almonds and caperberries—Spanish capers about the size of cocktail olives that can be found in specialty food shops.

- 3 cups mixed pitted olives, rinsed and drained
- 8 thin lemon slices
- 4 small thyme sprigs
- 2 small rosemary sprigs
- 1 large garlic clove, thinly sliced
- 2 teaspoons sherry or red wine vinegar
- 2 teaspoons fresh lemon juice
- ¼ teaspoon hot red pepper flakes

Toss all ingredients together in a bowl and chill, covered, for at least 2 days, stirring occasionally.

CONTINUED





Bring olives to room temperature before serving.

Per serving: 110 calories, 1 g saturated fat, 1,068 mg sodium, 5 g carbohydrates, 22 mg calcium, 2 g fiber

SERVES 8

Prep time: 15 min **Total time:** 35 min

Kitchen tip: Tortilla *is the Spanish term for an unfolded omelet filled with potatoes and onions (not to be confused with the more commonly known Mexican tortilla, which is a round, unleavened bread).*

- ¼ cup red wine vinegar
- 1 tsp sugar
- ½ cup thinly sliced red onion
- 2 tbsp olive oil
- 1 lb Yukon Gold potatoes, peeled and thinly sliced
- 1 cup thinly sliced yellow onion
- 6 large eggs
- 2 cups packed baby spinach, coarsely chopped
- ¼ tsp freshly grated nutmeg
- ¼ tsp salt
- ¼ tsp freshly ground black pepper

◆ Bring vinegar, sugar and 1 tbsp water to a boil in a small saucepan over high heat. Remove from heat and let stand until sugar is dissolved, about 2 minutes. Add red onion and cook, stirring, 2 minutes. Pour mixture into a heatproof bowl and let cool. Keep chilled and covered.

◆ Heat oil in an 11-inch nonstick skillet over moderate heat until hot but not smoking. Add potatoes and yellow onion and cook, flipping them occasionally with a spatula and keeping them evenly distributed over bottom of pan, until just tender, about 7 minutes.

◆ Preheat broiler. While vegetables are cooking, whisk together eggs, spinach, salt, pepper and nutmeg.

◆ Pour egg mixture evenly over vegetables in skillet, being careful not to disturb them, and cook over moderate heat without stirring, until bottom is set and golden brown, about 4 minutes. Place skillet under broiler 5 to 6 inches from heat and cook until top of egg is set, 2 to 3 minutes.

◆ Gently shake skillet from side to side and run a spatula around edge of tortilla. Slide tortilla onto a cutting board and let cool to room temperature. Cut tortilla into bite-size pieces and serve topped with pickled onions.

Per serving: 200 calories, 2.5 g saturated fat, 183 mg sodium, 15 g carbohydrates, 35 mg calcium, 1 g fiber



Keep guests cool with a cup of chilled Gazpacho (top left). Other fare includes Spiced Potato Chips, and Spinach, Potato and Onion tortilla (top right); Grilled Skewered Serrano-Wrapped Shrimp With Garlic Aioli and Pastry-Wrapped Chorizo Coins (bottom). Opposite page: Balance your small plate on top of your drink and enjoy



Gazpacho

SERVES 8 (MAKES ABOUT 4½ CUPS)

Prep time: 35 min **Total time:** 40 min

Kitchen cue: Day-old bread soaked in vinegar adds body and a piquant flavor to this refreshing cold soup.

- 1 cup cubed day-old bread
- ½ cup ice water
- 2 tablespoons sherry wine vinegar
- 1 red bell pepper
- 4 tablespoons extra-virgin olive oil, plus additional for brushing
- 1½ lbs. (4½ cups) cherry tomatoes, halved
- 2 tablespoons fresh lemon juice
- ½ teaspoon chopped garlic
- 1¼ cups peeled, seeded and diced cucumber
- 2 tablespoons fresh cilantro leaves
- 1 tablespoon finely chopped red onion

◆ Soak bread in water and vinegar, stirring occasionally until softened, about 7 minutes.

◆ Preheat broiler. Cut sides and bottom from pepper, remove stem and seeds, and arrange in one layer on a baking sheet. Brush pepper with some oil and broil 5 to 6 inches from heat, turning until blistered and blackened in spots and tender, about 5 minutes total. Let cool.

◆ Transfer half of peppers, tomatoes, bread mixture, juice, garlic and ½ cup cucumber to a blender. Blend mixture until smooth and transfer to a bowl. Blend remaining peppers, tomatoes, bread mixture, juice, garlic and ½ cup cucumber until smooth. Add to bowl and whisk in 3 tablespoons oil. Season with salt and pepper to taste.

◆ Chill gazpacho, covered, for at least 1 hour. Pour soup into little cups and, just before serving, garnish with cilantro and chopped onions, and sprinkle with remaining ¼ cup cucumber. Drizzle with remaining oil.

Per serving: 115 calories, 1.5 g saturated fat, 40 mg sodium, 8 g carbohydrates, 14 mg calcium, 2 g fiber

[illegible]

SERVES 8

Prep time: 15 min **Total time:** 27 min

Kitchen cue: Spanish chorizo is available in Latin markets and some supermarkets. If you can't find it, use pepperoni instead. These savory morsels taste great all by themselves or dipped in garlic aioli.

- 1 sheet puff pastry from one 17.3 oz. box, thawed if frozen
- 4 (4-inch) sweet or hot Spanish chorizo links, 5.5 oz. total (spicy cured pork sausage)
- 1 large egg, lightly beaten

◆ Preheat oven to 425° F. Unfold pastry sheet and roll out on a lightly floured surface into a 16x13 inch rectangle ⅛ inch thick. Trim edges so all sides are straight and cut into four 4½x4½-inch squares. Wrap each sausage link in a piece of pastry (pigs in a blanket–style) and place seam-side down on a baking sheet, making sure seams are tightly sealed. Repeat with remaining pastry and links. Brush tops with egg wash, and chill for 10 minutes.

◆ Bake in middle of oven, seam side down, until pastry is golden brown and cooked through, about 12 minutes. Transfer sheet to a rack to cool. Trim edges of each pastry-wrapped link and cut crosswise into ⅓-inch-thick coins. Serve at room temperature.

Per serving: 185 calories, 4 g saturated fat, 283 mg sodium, 8 g carbohydrates, 6 mg calcium, 0 g fiber

[illegible]

SERVES 8

Prep time: 35 min **Total time:** 38 min

Kitchen cue: If you can't find serrano, choose another thinly sliced cured ham, such as prosciutto, which works just as well.

- 2 cups mayonnaise
- 2½ teaspoons minced garlic
- 2 tablespoons fresh lemon juice
- 48 medium shrimp (about 1¾ lbs.), shelled and deveined
- ½ lb. thinly sliced serrano ham

◆ Whisk together mayonnaise, garlic and juice with salt and pepper to taste. Keep aioli covered and chilled.

◆ Working with one 8-inch skewer at a time, thread 1 shrimp lengthwise and wrap with a slice of ham (you may want to cut ham in half lengthwise if slices are too big). Repeat with remaining skewers, shrimp and ham.

◆ Preheat grill. Grill shrimp seam-side down, turning over moderate heat until they are cooked through, about 3 minutes. Serve shrimp warm or at room temperature with aioli.

Per serving: 540 calories, 7.5 g saturated fat, 1,056 mg sodium, 3 g carbohydrates, 54 mg calcium, 0 g fiber

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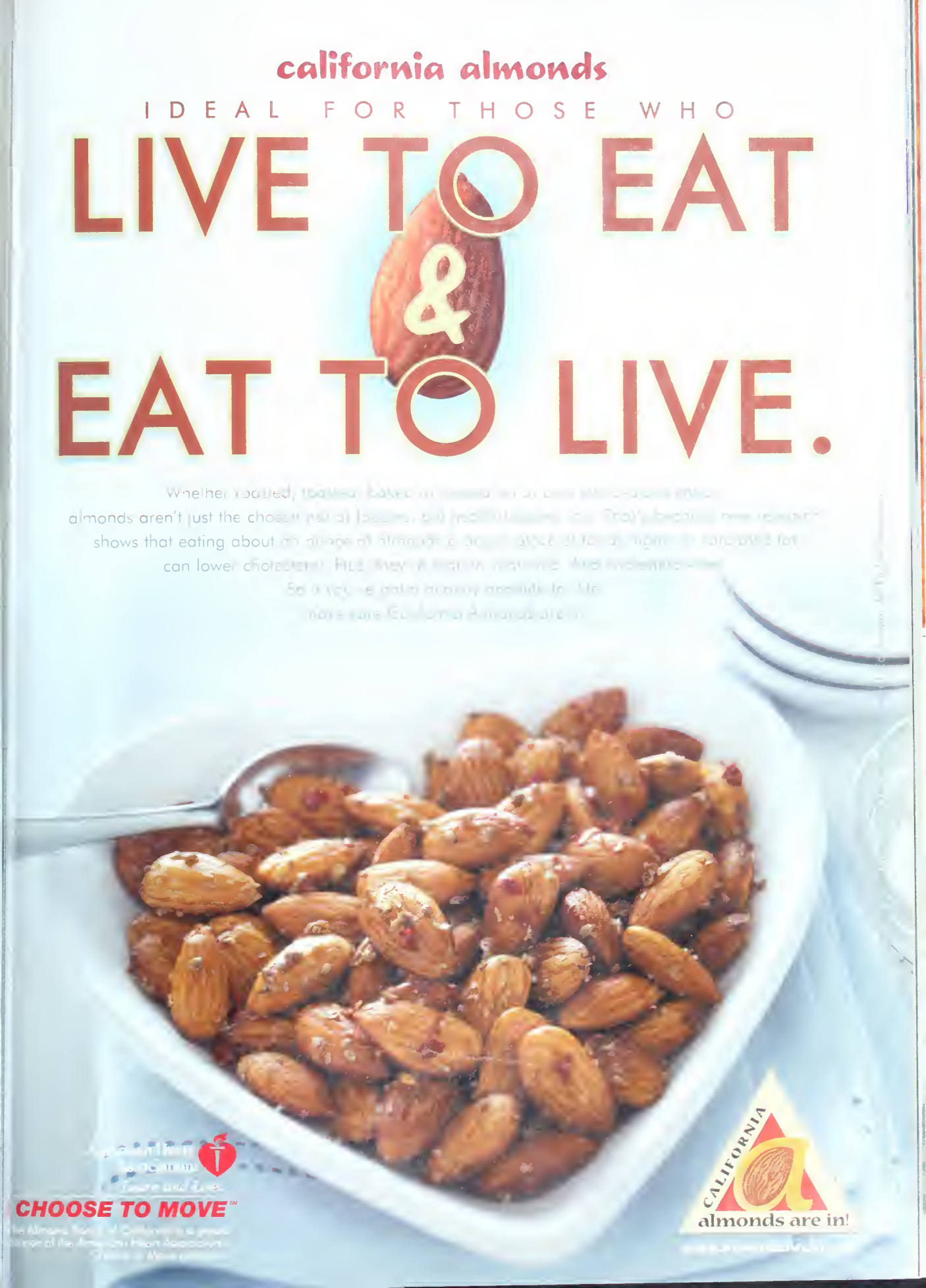
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Smoked Chicken and Tropical Fruit Salad

Caesar Salad With Crispy Parmesan Chicken

SERVES 4

Prep time: 40 min **Total time:** 55 min

Kitchen cue: We did a twist on the typical Caesar ingredients by first dipping the chicken in egg and then coating it with a mixture of bread crumbs and Parmesan. For crisp, golden-brown chicken, don't overcrowd the pan.

- 1 cup mayonnaise
- 4 tablespoons fresh lemon juice
- 8 anchovy fillets, rinsed
- 3 teaspoon chopped garlic
- 1 teaspoon Dijon mustard
- ½ cup finely grated Parmesan
- cup fine fresh breadcrumbs
- ½ teaspoon
- 2 large eggs
- lbs. thinly sliced boneless skinless chicken cutlets
- 3 to 4 tablespoons olive oil
- 2 hearts romaine (1 to 1½ lb.)

◆ Blend first 5 ingredients together in blender until smooth, and reserve. If dressing is too thick, whisk in water, 1 tablespoon at a time, to desired consistency.

◆ Mix together Parmesan, breadcrumbs and pepper in a shallow bowl. Put eggs in another shallow bowl.

◆ Rinse chicken and pat dry. Dip chicken breasts 1 at a time in egg mixture, allowing excess to drip off, then dredge in breadcrumb mixture to coat. Transfer to plate.

◆ Heat 3 tablespoons oil in a large non-stick skillet over moderate heat until hot but not smoking. Cook chicken in batches, turning once, until golden brown and cooked through, about 5 minutes total, adding additional oil if necessary.

◆ Arrange romaine leaves and chicken on serving plates and drizzle with dressing.

Per serving: 650 calories, 9.5 g saturated fat, 856 mg sodium, 9 g carbohydrates, 350 mg calcium, 2 g fiber

Make it kid friendly: Substitute your child's favorite dressing for the Caesar and use chicken tenders instead of cutlets.

Smoked Chicken and Tropical Fruit Salad

SERVES 4

Prep time: 40 min **Total time:** 40 min

Kitchen cue: Whole smoked chicken breasts, which are sold precooked, can be hard to find. You can substitute sliced smoked chicken or turkey breast from your deli counter.

- 3 tablespoons seasoned rice wine vinegar
- 3 tablespoons olive oil
- 1 tablespoon fresh lime juice
- ¼ teaspoon hot pepper flakes
- ¼ teaspoon sugar
- 1 small (1 lb.) jicama
- 2 mangoes, peeled
- 1 papaya, peeled

CONTINUED ON PAGE 162

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Chopped Salad on Garlic Toast With Roast Beef, Red Peppers and Horseradish Cream

1 lb. smoked chicken breast, shredded into bite-size pieces
½ cup chopped salted roasted peanuts
¼ cup cilantro leaves
¼ cup small mint leaves

◆ Whisk together vinegar, oil, juice, pepper flakes and sugar in a large bowl with salt and pepper to taste.
◆ Peel and cut jicama into ¼-inch-thick slices, then cut into matchsticks to measure 2 cups. Add to bowl with dressing. Cut ¼-inch thick slices away from sides of mango, then cut crosswise into matchsticks to measure about ½ cup. Add to bowl. Halve papaya and scoop out seeds. Cut papaya lengthwise into ½-inch-thick slices, then cut crosswise into matchsticks to measure about 1 cup. Add to bowl. Add remaining ingredients to bowl and gently toss to combine. Season with salt and pepper to taste.

Per serving: 475 calories, 5.5 g saturated fat, 808 mg sodium, 33 g carbohydrates, 59 mg calcium, 7 g fiber

Make it kid friendly: Eliminate the hot pepper flakes and use regular, unsmoked chicken breast.

Chopped Salad on Garlic Toast With Roast Beef, Red Peppers and Horseradish Cream

SERVES 4

Prep time: 30 min **Total time:** 40 min

Kitchen tip: We combined some typical antipasto ingredients to create a delicious combination of textures and flavors. Feel free to mix it up by using your own favorites, such as marinated mushrooms or artichoke hearts, provolone or prosciutto.

4 slices (½-inch-thick) bread
10 tablespoons extra-virgin olive oil
1 garlic clove, halved
1 teaspoons Dijon mustard
4 tablespoons fresh lemon juice
½ cup sour cream
2 tablespoons drained prepared horseradish
5 cups torn escarole
2 cups torn radicchio
2 cups sliced celery
¾ cup mixed pitted olives, sliced crosswise
2 jarred roasted red peppers, drained and quartered lengthwise
¾ lb. thinly sliced rare roast beef

◆ Brush 1 side of bread slices with 1 tablespoon oil and broil, oil side up on a sheet pan without turning, until golden brown, 1 to 2 minutes. Immediately rub top of warm bread with cut sides of garlic.
◆ Whisk together mustard and 3 tablespoons juice in a large bowl. Add remaining 9 tablespoons oil in a slow stream, whisking until thick and emulsified, and season with CONTINUED

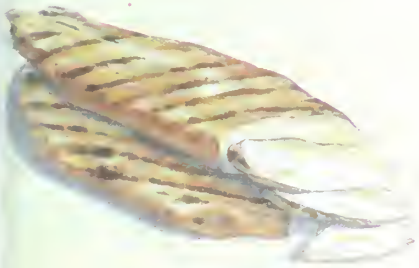
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Pasta Salad With Herbed Marinated Mozzarella and Cherry Tomatoes

salt and pepper to taste. Reserve vinaigrette for salad.

◆ Whisk together sour cream, horseradish and remaining 1 tablespoon juice with salt and pepper to taste.

◆ Toss escarole, radicchio, celery and olives in bowl with enough dressing to coat. Season to taste.

◆ Place toast on serving plates and spread each with about 2 tablespoons horseradish cream. Divide red peppers and roast beef evenly among toast, and top with salad. Serve remaining horseradish cream on side.

Per serving: 620 calories, 10.5 g saturated fat, 1,654 mg sodium, 28 g carbohydrates, 149 mg calcium, 5 g fiber

Make it kid friendly: Use mayonnaise or ketchup in place of the horseradish cream. Put antipasto ingredients in separate bowls and let kids create their own salads.



Pasta Salad With Herbed Marinated Mozzarella and Cherry Tomatoes

SERVES 6

Prep time: 30 min **Total time:** 40 min

Kitchen cue: Adding hot pasta, rather than cooled, softens the cheese and helps the pasta readily absorb the vinaigrette. Choose a shape, such as fusilli, farfalle (bow ties) or campanelle, that will easily grip the marinated cheese and tomatoes. We used bocconcini (bite-size balls of mozzarella), but cubed regular mozzarella works just as well.

- 6 tablespoons plus ½ teaspoon extra-virgin olive oil
- ⅓ cup pine nuts (about 2 oz.)
- 3 tablespoons red wine vinegar
- 2 tablespoons bottled capers, drained and chopped
- ½ teaspoon minced garlic
- ¼ cup chopped fresh flat-leaf parsley
- ¼ cup chopped fresh chives
- ½ cup chopped fresh basil
- 2 cups (9 oz.) bocconcini mozzarella, halved, at room temperature
- ¾ lb. (2 cups) cherry tomatoes, halved
- ¾ lb. pasta

◆ Heat ½ teaspoon oil in a small skillet over moderate heat until hot but not smoking. Add pine nuts and cook, stirring until golden brown, about 2 minutes. Transfer nuts to paper towels to drain, and season to taste with salt.

◆ Whisk together vinegar, capers and garlic and add remaining 6 tablespoons oil in a slow stream, whisking until combined. Stir in herbs, mozzarella and tomatoes and let stand at room temperature, stirring occasionally, for at least 15 to 30 minutes.

◆ Cook pasta in a large pot of boiling salted water until almost tender. Reserve ¼ cup cooking water and drain remaining pasta in a colander.

◆ Immediately transfer hot pasta and reserved cooking water to bowl with marinated mozzarella and tomatoes, and let stand 1 minute.

◆ Gently toss pasta and cheese mixture and season with salt and pepper to taste. Serve immediately, sprinkled with pine nuts.

Per serving: 540 calories, 9.5 g saturated fat, 504 mg sodium, 48 g carbohydrates, 257 mg calcium, 3 g fiber

Make it kid friendly: Use your child's favorite pasta shape, such as wagon wheels or rotini.

CONTINUED

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Snap Pea and Fingerling Potato Salad With Sweet Mustard Dill

Salmon, Sugar Snap Pea and Fingerling Potato Salad With Sweet Mustard Dill Dressing

SERVES 4

Prep time: 25 min **Total time:** 40 min

Kitchen cue: Serve with your favorite bread cut lengthwise into triangles, then brushed with olive oil and broiled until crisp. (Transfer to a rack to cool and season with salt while still warm.)

- ¾ lb. small fingerling potatoes or new potatoes
- ½ lb. haricots verts or small green beans
- ½ lb. sugar snap peas
- ½ cup [illegible]
- 3 tablespoons [illegible] fresh dill
- 2 tablespoons [illegible] Dijon mustard
- ½ teaspoon sugar
- 5 tablespoons [illegible]
- 3 cups bite-size [illegible] butter lettuce
- ½ seedless cucumber, halved lengthwise and cut crosswise into thin slices
- 2 cans (7.5 oz. each) red salmon, drained and broken into big chunks, with bones and skin discarded
- ⅓ cup thinly sliced red onion, soaked in water

◆ Put potatoes in a 4-quart pot covered with cold water by 2 inches, and simmer until barely tender, about 10 minutes. Add haricots verts and continue to cook for 2 minutes. Add sugar snap peas and continue to cook until all vegetables are just tender, about 1 minute more.

◆ Drain in a colander and immediately stop cooking by plunging vegetables in a bowl of ice and cold water. Stir gently, adding more ice if necessary, until cold. Drain vegetables well and halve potatoes lengthwise. Pat vegetables dry with paper towels to prevent them from diluting the dressing.

◆ Whisk together vinegar, dill, mustard and sugar. Add oil in a slow stream until thickened and emulsified. Season with salt and pepper to taste.

◆ Gently toss cooked vegetables and potatoes with enough dressing to coat.

◆ Gently toss salad greens together with cucumber, green vegetables and potatoes. Arrange salad on a platter with salmon and drained red onion. Season to taste with freshly ground black pepper and drizzle with some of the remaining dressing.

Per serving: 385 calories, 3.5 g saturated fat, 654 mg sodium, 21 g carbohydrates, 241 mg calcium, 3 g fiber

Make it kid friendly: Substitute store-bought shredded roast chicken for the salmon.

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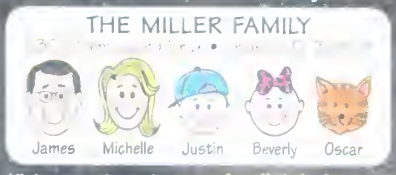
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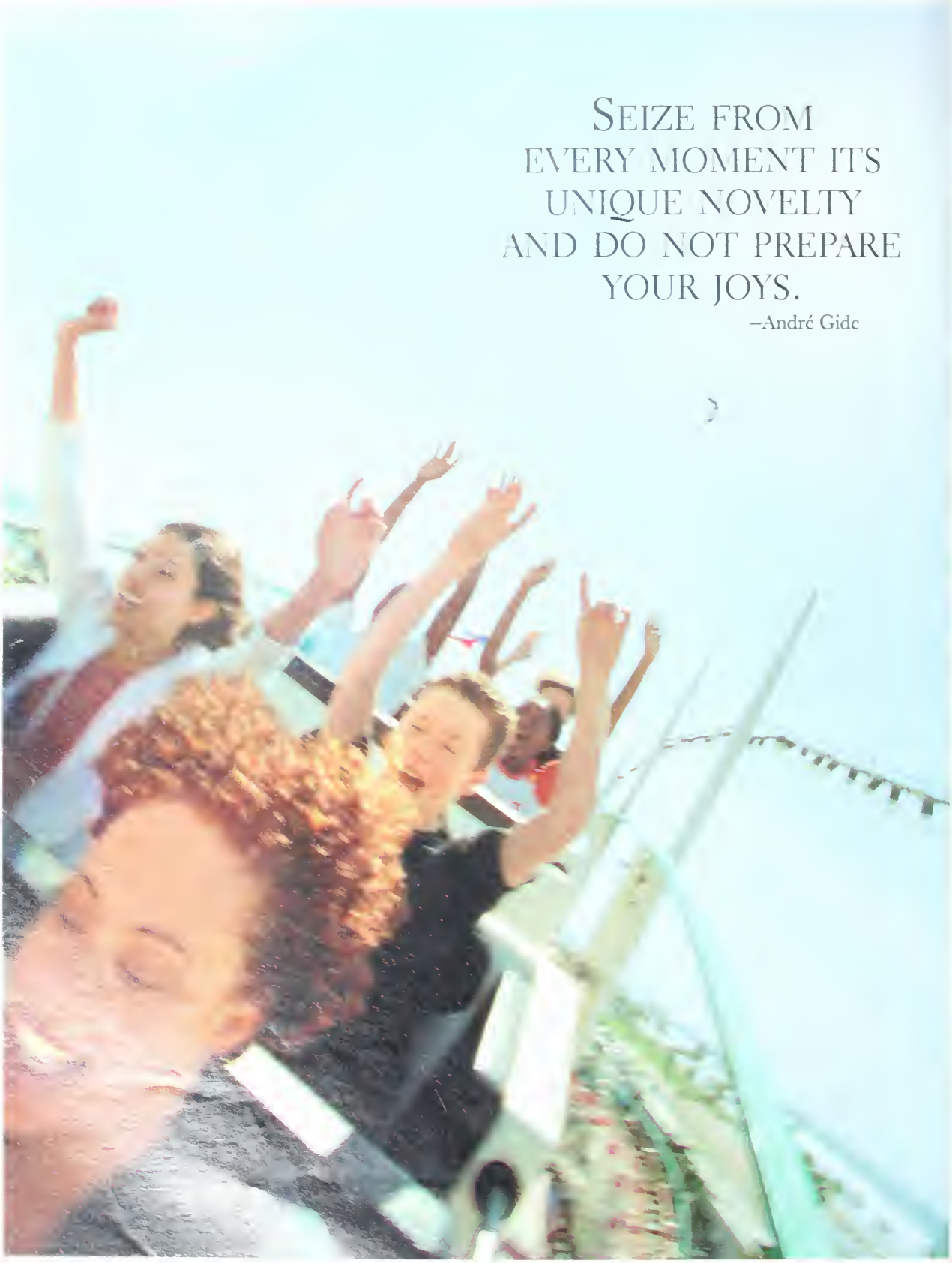
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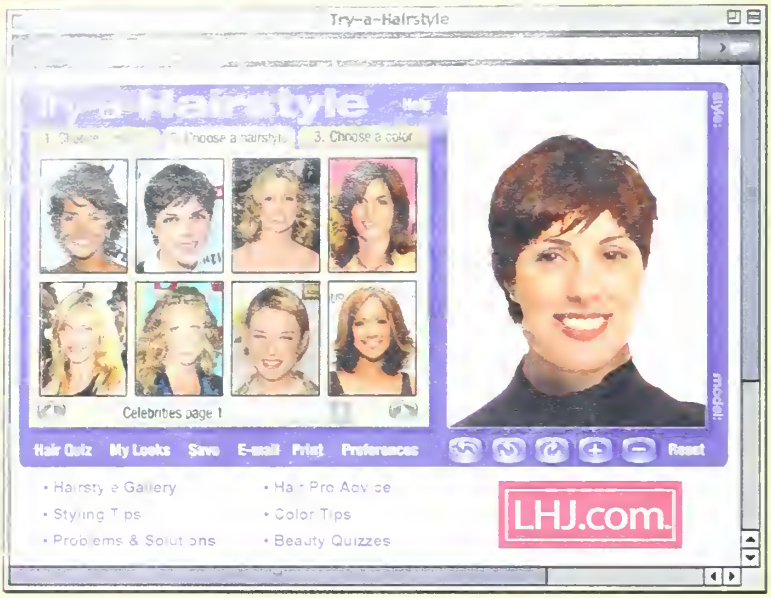


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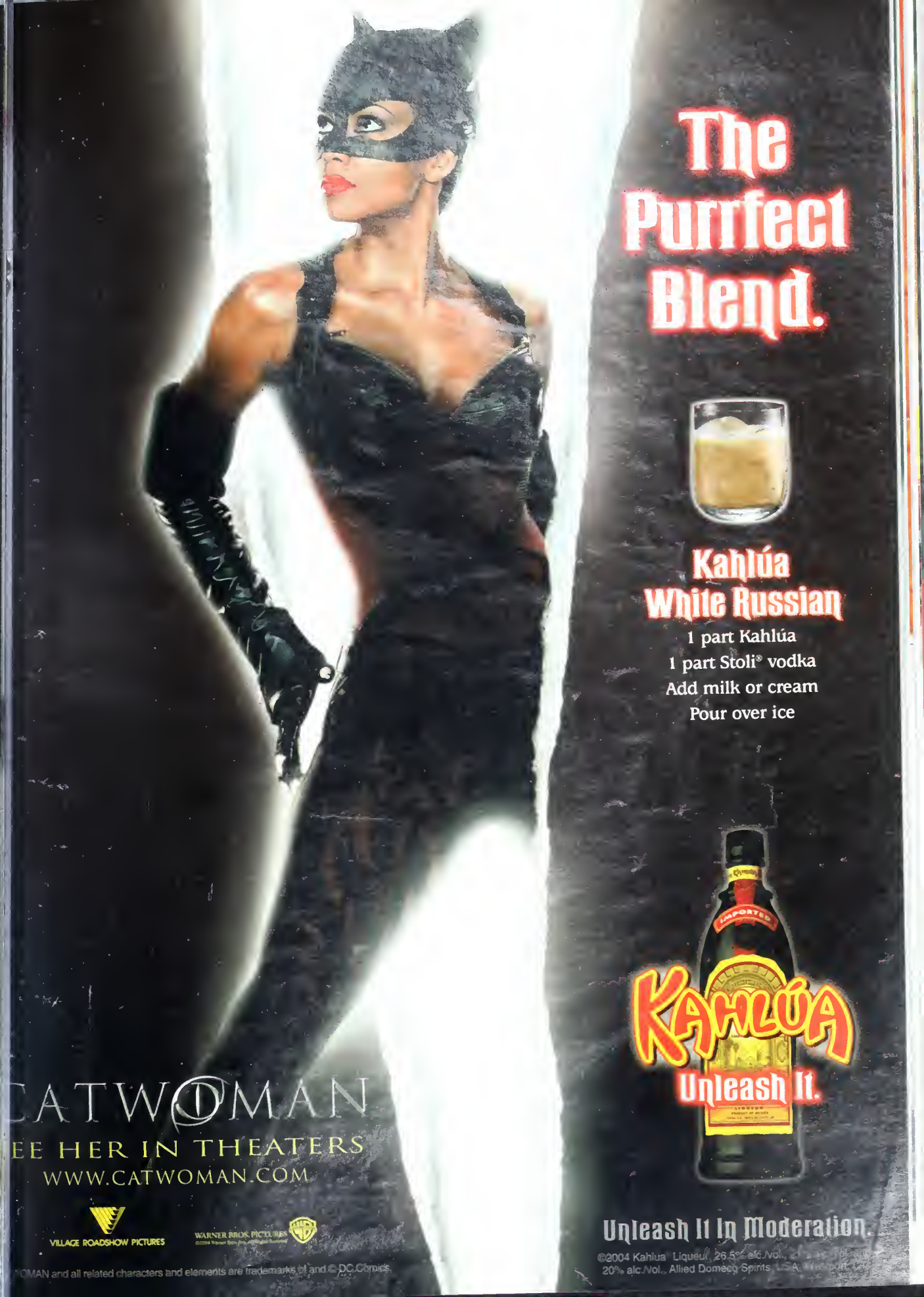
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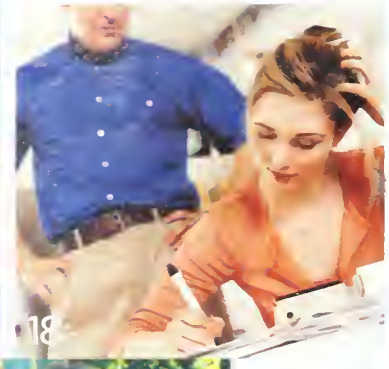

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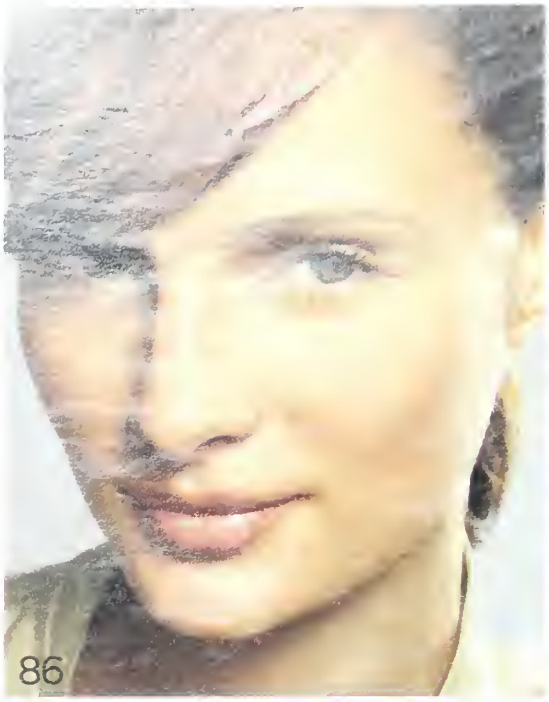
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Ladies' Home Journal's editor in chief interviews the Bushes at their Crawford, Texas, ranch (above), and the Kerrys on the campaign trail (right)

You hold in your hand a very unique—and indeed historic—issue of *Ladies' Home Journal* that I am deeply proud and pleased to present. Inside are in-depth interviews with, and exclusive portraits of, both President and Mrs. Bush, as well as Senator Kerry and Mrs. Heinz Kerry. The issue is timed to convention season: The Democratic and Republican conventions will be held this summer, marking the formal kickoff of the presidential race.

While both interviews and portraits appear in all issues, you will find alternating covers of the Kerrys and the Bushes at newsstands. This has been done to emphasize that this is a special, nonpartisan election issue, dedicated to exploring the candidates' stances on issues as well as encouraging voter turnout, with no intention or desire to suggest an endorsement of either candidate. Subscribers are receiving the First Couple cover—with an inset of the Kerrys—for two reasons: because it was not possible to nationally distribute alternate covers in a way that would appear objective to those receiving their individual copies, and because we felt it was appropriate to give a sitting president this courtesy. (In future election years, the same consideration will be given to any incumbent president who is running for re-election.)

I personally conducted both interviews, another effort at keeping the playing field level. I underscored to each couple that, through me, they were speaking to nearly 14 million of *you*—smart, concerned, influential American women. I'm grateful to them (and their super-efficient staffs) for granting us nearly an hour of talking time in each case. And because I believe a presidential election ought not to be decided by sound bite, I have arranged to let the interviews run in full, to give you the benefit of spending as much time with each man as I was able to, on your behalf.

For the First Couple cover shoot, photographer Dana Fineman and her crew assembled on the porch of the Bushes' Texas ranch. Barney, their Scottish terrier, sat at their feet and would not budge when cajoled by visitors. President Bush, when asked to tuck his chin down a bit, joked, "Which one?" and remarked about our choreographed pose that he and Mrs. Bush hadn't sat quite this way since the last time they were in a toboggan together. As for the Kerry photos, Mrs. Heinz Kerry warmly teased her husband as they posed, and the couple seemed grateful for a prompt to cuddle a bit, she nestling into him, and the two of them whispering conspiratorially.

I always pore over your letters and e-mails each month, but I will be especially keen to know your thoughts about these revealing interviews, this important election, and the issues at stake for our country and families. The privilege of conducting these interviews reminded me that democracy should never be a spectator sport. With all that is going on in our fraught world, let's exercise our valuable right to vote on November 2.

Diane Salvatore

Diane Salvatore, Editor-in-Chief
lhj.deardiane@meredith.com

Honoring our Mothers

In May I told you about our new feature "Meditations on My Mother." Hundreds of you immediately wrote essays and sent them in. This month we publish our first, on page 36, by Patti Davis, an intimate portrait of her mother's devotion to her father, Ronald Reagan, during his 10-year struggle with Alzheimer's disease.



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can this marriage be saved?

He Treats Me Like a Child"



"Mitch acts like he's my father instead of my husband," said Becky, 24, a pretty blond, six months pregnant with her second child. "When he's upset with me, he uses the same tone that he uses with Kate, his teenage daughter from his first marriage. The issues may be different—for her, it's not finishing homework, for me, it's being late with the bills—but the way he treats us is identical. Kate is only eight years younger than I am, so in his mind I'm more like another kid than I am a wife. Last week, I got so sick of his scolding and put-downs that I packed up our son and went to my mom's house. I'm not going back unless Mitch can stop finding fault with everything I do, including the way I discipline our 2 year old son. Mitch is way too hard on Jimmy, and the last thing I want is to subject the new baby to that.

"The weird thing is that I didn't see this coming. When we were dating, Mitch was fun, and sweet. I liked the fact that he's 17 years older than me; he was more interesting than guys my own age. He's a nice man, and he told entertaining stories about his years on the force. Plus he was established and making a decent living. He would make a terrific father of my children. My own dad left when I was 12, and even before that, he wasn't a big presence.

"Mitch proposed four months after our first date, and we got married two months later. I was 19, and was still living with my mom at the time. She warned me about rushing into marriage, but I was sure I'd found the man for me. I couldn't wait to settle into the house Mitch had bought for restaurants, and he'd always pick up the tab. That was a welcome change from the beer-and-bowling nights I was used to, where I always split the bill with my date.

"At first, when the manager at the hair salon where I worked introduced us, I was hesitant about getting involved with someone that much older. Not that he looks old. He is 6 feet 2 inches tall, really well built, with thick salt-and-pepper hair. I was afraid we wouldn't have enough in common, but Mitch kept calling me, and once we started going out, my concerns evaporated. We liked the same movies and music, and we could laugh about anything. I started to think it would be great to have a mature man with a good job as the fa-

BY SONDRA FORSYTH



us and start a family. I got pregnant on our one-month anniversary.

"I was happy to be pregnant and thrilled to quit my job, but I was already having doubts about Mitch. Almost from the moment we exchanged vows, the affectionate man I'd fallen in love with turned into a bossy grouch. By the time Jimmy was born, I was wishing I had listened to my mother. Mitch has these very set ideas about what a wife is supposed to do, like run the house and pay the bills, and if I mess up he goes ballistic.

"He's always finding fault. If I forget to balance the checkbook, he calls me irresponsible. Once I bought some chicken breasts that were past the expiration date on the package and he went on and on about how any moron knows enough to look for that. Well, I never did any food shopping before, and I didn't know about expiration dates. I also didn't know that if you leave permanent-press clothes in the dryer after it shuts off, they'll get wrinkled. You should have heard him blast me about that one! I felt like telling him to do the laundry himself if it's so important, but I'm afraid to stand up to him. I don't want him to get even madder.

CONTINUED

Can this marriage be saved?

Mitch also has this bored, 'been there done that' attitude about stuff I'm excited about, like being pregnant or decorating my first home. When I was pregnant with Jimmy, I wanted Mitch to feel the baby move. He came right out and said he wasn't interested this time around. That hurt me so much. I wanted him to share the experience, to come with me for the sonograms, to be my labor coach, but he refused. He said doing that once with his ex was plenty. With this pregnancy, I haven't even tried to involve him.

"But I won't let him be as tough on this baby as he has been on Jimmy. Recently, when Jimmy reached for a vase on the dining-room table, Mitch whisked him away to his crib and left him to cry as punishment. I told him that he was expecting too much of a 2-year-old. He said he'd already raised a child and knew more about it than I did.

"That's just another example of how Mitch throws it in my face that he's older and wiser. I can't take it any more: I need a partner, not a parent."

"I was completely blindsided when I got home last week and found a note from Becky saying she had left me," said Mitch, 39. "I had no idea she was that unhappy. True, she'd get teary-eyed sometimes when I'd point out her mistakes about running the household. Her note said I make her feel like a stupid kid, but that's the first real complaint I ever heard from her.

"When she called to say she wouldn't come back unless we went for counseling, I agreed immediately. I want my wife back. And my children—the baby that's on the way as well as Jimmy. I couldn't stand to lose them all, so I'm here to see if we can fix things. I've always been skeptical about therapy, but this is what Becky wants, so I'll give it my best shot.

"I've had some time to reflect on Becky's note, and I suppose from her point of view I actually am kind of demanding. But the problem is that her mother failed to instill in her any work ethic or sense of responsibility. Becky was 12 when her parents divorced and she's barely seen her father since. I'm no shrink, but my take is that Becky's mom overprotected Becky and her younger brother because she felt bad about their lack of a father. Even now, her mom waits on Becky hand and foot. So she came into marriage with no idea about how things get done. She's like a little girl playing house. She's more interested in what color the dining-room curtains should be or shopping for cute denim overalls for the baby than in the things that really matter, like paying bills on time. Once, Jimmy had an infected rash and Becky couldn't get it together to get a referral for a dermatologist from the primary-care doctor! That's her job, for Pete's sake. I can't chase after her to make sure she does it. She's got to do her share.

"It also bugs me that she's raising Jimmy with the same lax attitude her mother had with her. Whenever I try to teach Jimmy some manners or get him to put his toys away, Becky tells me I'm too hard on the kid. Please. Even a 2-year-old can learn some responsibility. I've brought up one child already, and I did a good job: My 16-year-old daughter has never gone haywire like some teenagers. That's because I keep her in line. Why can't Becky learn from what I already know? I've got 15 years on her, after all, and that extra time has given me a chance to learn what it takes to succeed in the world. Okay, my first marriage failed, but maybe it would have worked out if the two of us hadn't been so young and clueless. You'd think Becky would be grateful to get the benefit of my experience.

> "He talks to me like I'm his daughter instead of his wife"

"The one gripe other hers that I'll admit to is that I'm not exactly soft-spoken when I confront her about something that's bothering me. I'm a cop—I'm not used to playing Mr. Nice Guy. When I get exasperated, I tell it like it is. But she just clams up, so I never realized how much my manner hurt her.

"I fell in love with a beautiful young woman with a great sense of humor who shares my likes and dislikes. I honestly didn't think the age difference would matter. And truthfully, I liked the idea of giving her guidance, especially since she never got that from her father. But Becky's upbringing has made her even more immature than her years. And she doesn't seem to want my advice. I hope counseling will help her grow up so we can put our family back together again."

"Becky and Mitch's problems are typical of May/December matches," said the counselor. "When an older man is attracted to a younger woman, love is often blind. He is temporarily charmed by her freshness and youth and proud to show her off to his friends. He also likes playing mentor because CONTINUED

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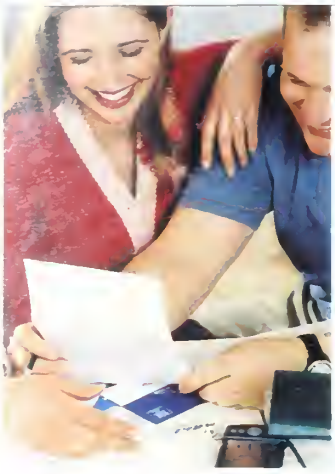
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"I tell it like it is when I get mad. But I never meant to hurt her."

makes him feel special and important. She, in turn, enjoys the sense of being coddled and cared for. For Becky, these feelings were heightened because her own father had been pretty much out of the picture from the time she reached adolescence. In effect, Mitch became both her lover and the father figure she craved.

"That scenario soured quickly, however, when Becky and Mitch got married. Mitch morphed from benevolent dad into overbearing patriarch. While this often happens, it was even more pronounced in Mitch's case because of his profession. In response, Becky became even more submissive and childlike. The traits that each had found so appealing in the other were the very ones that were driving them apart. They needed to establish a relationship between equals.

"To that end, I had Mitch make a list of responsibilities he wanted Becky to handle, such as paying bills and managing the household budget, calling repairmen, and doing the food shopping, cooking and laundry. I had Becky list the aspects of Mitch's behavior that most intimidated her, including his name-calling and 'father-scolding-a-child' tone. They brought their lists to the next session.

"At one point, Becky broke down in tears and said that she was willing to do what Mitch expected of her, but she needed encouragement instead of criticism. She also conveyed her sadness that he didn't share her enthusiasm for the little joys of homemaking and motherhood. Mitch, it turned out, had a tender spot beneath the bluster and got teary-eyed himself. He said he loved Becky very much and would do anything to become a husband to her instead of a father figure.

"This was the epiphany I had hoped for. From there, I started individual sessions with Mitch in which we worked on the way he spoke to Becky. I taped practice conversations so that he could listen to his tone and modify it. For example, in one scenario, he shouted, 'Don't you realize that if you don't pay the mortgage on time we get a finance charge? I'm working my butt off for you and Jimmy, and you're wasting money just because you can't look at a calendar.' By the end of the session, we had a tape of him calmly explaining how finance charges work and how avoiding a 17 percent charge would enable them to spend money on something fun.

"Mitch was proud of this improvement and reported back that he and Becky sat down with the calendar and marked the days that bills had to be paid. 'She doesn't mind my giving advice if she doesn't feel I'm belittling her,' he admitted.

"Becky, in turn, was thrilled with the change in Mitch's behavior. 'Part of what attracted me to him is that he does have a lot to teach me,' she told me. 'Now that he's more like a mentor than an overbearing father, bad feelings don't get in the way.'

"Becky and Mitch stopped coming about two months ago, when their daughter was born, but Becky called recently to tell me how well things were going. 'Mitch is much more involved with Kelly than he was with Jimmy, and he's spending more time with Jimmy now that I'm so busy with Kelly. I'm happy about everything these days!' Mitch chimed in from the background that he was much happier as well. He was holding the baby and he asked to talk to me. 'I can make Kelly gurgle for you,' he said. 'I just tickle her tummy.' Sure enough, the baby gurgled on cue and we all laughed.

"Having come such a long way, Becky and Mitch are determined not to slip back into old patterns, so they will see me every six months for tune-ups. But I am pleased that these two people, so different in age, are finally enjoying each other as two adults and making a good life together."

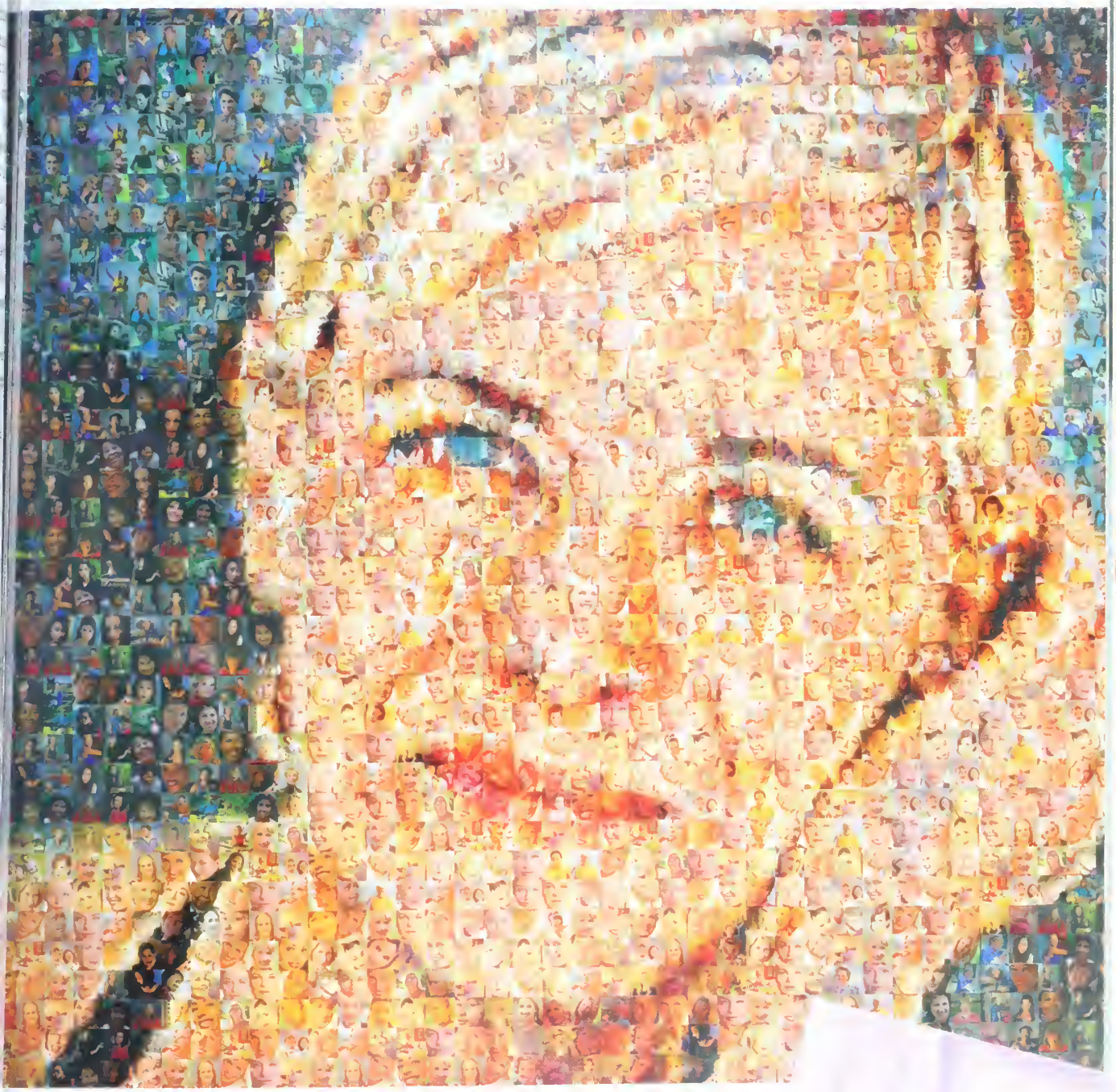


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was this marriage saved?

Their Love Had Gone Cold

Denise and Bill Allenbaugh had put their relationship on the back burner. Could they recapture their once-upon-a-time joy?



Improving their marriage "made the whole family happier," say Denise and Bill Allenbaugh, here with daughters Jessica, 7, and Samantha (rear), 13, and son Billy, 10

When Bill and Denise Allenbaugh married in 1989, they were just 23 and 24, respectively. Nine years and three kids later, they realized the joy had gone out of their relationship. "Life was fine," says Denise, a part-time greeting-card merchandiser, "but it wasn't fun. *We were both so busy with work and the kids that we stopped paying attention to each other."*

Bill, a firefighter, agrees. "We would sit down to dinner and have nothing to say." In addition, says Denise, she felt constantly criticized by Bill, who had a habit of using hostile phrases such as "I have a bone to pick with you." Deciding that there had to be something more, Denise sought counseling from Susan Townsend, Ph.D., in nearby Towson, Maryland, and invited Bill to join her. Dr. Townsend recommended a weekend seminar sponsored by the highly regarded program PAIRS (Practical Application of Intimate Relationship Skills), as well as a series of private follow-up sessions. "We left that seminar feeling on top of the world," says Denise. "We learned a technique using cards printed with the words 'Appreciation,' 'Nice Information,' 'Puzzles,' 'Compliant With Request for Change' and 'Wishes, Hopes and Dreams.' Each phrase prompts a communicational statement that helps couples understand listen- to each other. [illegible] connect emotionally—and [illegible]

The Allenbaughs [illegible] 1998 and [illegible] 2001. [illegible] says stuck. [illegible] and Bill, [illegible]

Denise: The two of us still use the cards to "take the daily temperature," as it's called. We turn off the TV, hold hands, and look into one another's eyes. It's very powerful.

Bill: I care about her feelings now and she cares about mine. It sounds basic, but it makes all the difference.

Denise: Bill is truly my best friend. I'm never afraid I'll be hollered at.

Bill: We use the PAIRS tools with the kids, too. Parents forget to show appreciation: they'll notice only when a chore doesn't get done or homework isn't finished. Yet a simple "you did a great job" is all it takes for a child to do what's right the next time.

Denise: Not that we don't have problems. Who doesn't? It's just that we know how to discuss them calmly without resorting to put-downs.

Bill: Couples have less time for each other these days. So you have to make the most of the time you have.

Denise: There's a bonus. When you snuggle on the couch and talk intimately with your husband, you're more interested in going upstairs to the bedroom later. I used to feel like I was having sex with a stranger. Now, I'm making love to the person who means the world to me.

Bill: And so am I.

Was your marriage saved? If you and your spouse were featured in a past "Can This Marriage Be Saved?"® column or if your marriage improved through counseling, e-mail us at wasthismarriage@meredith.com. If we use your story, we'll pay you $500.

BY SONDRA FORSYTH



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how they met



"I could picture the two of them enjoying life together," says Destiny (right) of her mom and Ron (the couple on the left)

A Second Chance at Love

Ron Kossen and Johanna Reay-Kossen like to joke that Destiny brought them together. In their case, it's literally true

Recently divorced at 51, Johanna Reay wasn't thinking about dating again. Meanwhile, 550 miles east of Johanna's home in Duncan, British Columbia, divorcé Ron Kossen, 47, had likewise sworn off relationships. The odds of her meeting, let alone falling in love, were slim indeed.

But that was before Johanna's daughter, Destiny, 25, lived up to her name. "I was keeping an eye out for my mom," she says. "She deserved someone wonderful after what she'd been through. My father left her while she and I were at Disney World celebrating my high-school graduation. But Mom is amazing—she found a job and got life back on track for my brother, Nathan, and me."

Destiny went to college in Alberta and spent an autumn weekend in 1997 at the home of her new friend Sarah. Upon meeting Sarah's dad, Ron, Destiny knew he was the one. "He had a genuine smile and quick sense of humor," recalls Destiny, who called her mom the next night and said, "You guys have to meet." Johanna said, "Thanks, but no thanks." However, she underestimated her daughter's determination: With Destiny's encouragement, Sarah went to work on her equally resistant dad. Two months later, Ron wrote a letter to Johanna, and a correspondence began. When Ron surprised Johanna on Valentine's Day with flowers, she was so touched that she phoned him: the chemistry was powerful and immediate. Before long, Johanna made plans to visit her daughter so she could meet Ron.

It was love at first sight for both of them. Their first date stretched into the wee hours of the morning. By the time they parted, Ron already knew he was going to propose.

After a whirlwind, five-month courtship that involved multiple plane trips and countless long-distance phone calls, Ron, who worked in the oil industry, decided to sell his business and move to British Columbia, where he found work as a school-bus driver. On a June day in 2002, almost five years after Destiny launched her matchmaking mission, Ron and Johanna, with Destiny as maid of honor, were married in Johanna's garden. "My mom used to tell Ron she wished they'd met when they were younger so they'd have more time together," Destiny says. "Know how he replied? That he was glad they'd spent all that time in training, to learn how to be perfect for each other."

Got a great story about how you and your spouse met? Send us an e-mail at: lhj.howtheymet@meredith.com. We'll pay $50 for any stories we publish.

BY SONDRA FORSYTH

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my life as a mom

The Cupcake Wars

I used to be cowed by moms who bake impossibly perfect desserts. Then I got over it—and found other parents who've become my best friends for life

Long before I'd considered having a family of my own, my friend Fred offered a few words of caution. He was the first of my adult pals to become a parent, and though he was crazy for his daughter, he moaned, "You won't believe some of the hideous parents you have to hang out with." OPs (Other Parents), he explained, can save your bacon—or drive you clean off the rails during the thrill ride that is parenthood. "Just remember," he told me, "any jerk can make a baby. Beware the aftermath."

Fred's words came back to me as I lay on a carpet in Lamaze class, swollen with our son-to-be, Sam, and sized up the future OPs huffing and heaving around my husband, Mark, and me. Might we become friends with any of them? The status-conscious pair who had already signed up their Prince-in-Utero for "the right" 2-year-old play group? Nah. What about the leggy blonde full of questions and beet-faced from anxious puffing and panting—the one whose goateed husband looked on as though he were watching a fire-eating street performer? Not likely.



After the blessed event, we ran into the Puffer, a.k.a. Sara, and spouse Robert at the stroller store. We discovered we lived three blocks apart. Both our babies were boys—named Sam. Sara and I next bumped into one another at the supermarket, both of us dithering over which was the healthiest baby food. Since we couldn't seem to stop talking and the Sams were fussing, we made a date, deposited the boys on adjoining blankets on her living room floor and began a conversation I'm sure will last a lifetime. When our daughter, Lila, was a colicky, super-fussy infant, it was Sara who fell on the tiny, screaming grenade and endured the detonations while Mark and I escaped for a few hours. Fourteen years later, our families are close; their Sam has his own nail in our fireplace mantel for his Christmas stocking. And I'd walk barefoot across hot coals—carrying a wide-screen TV—for his folks.

Alas, as Fred had foretold, it doesn't always work out so well. Caged in the same neighborhood playground when the Sams were toddlers, Sara and I encountered a menagerie of insufferable OPs, like the lazy Maysie who let the rest of us CONTINUED

BY GERRI HIRSHEY

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catch her darling as he toppled from slides and swings while she chatted and painted her nails. Worse was the nutbar who turned lovingly to her kid [illegible] Sam—it's a boy—Bird's sand toy, then cooed, "I'm assuming you're dealing with Sam's self-assertion issue." When the kids are little, you can strap them in the stroller and run like heck from such scary OPs; it ain't necessarily so once they start school and begin picking their own friends. The Olympics of OP Excess take place in the supposedly adult arenas—PTAs, scouting, organized sports. Watching OPs go to the mat over team colors, lost-and-found rules and "no-peanut zone" signs, I've longed to clap my hands and holler, "Let's use our *inside* voices, please!"

Overly wholesome OPs can be the toughest to take. In proudly, loudly striving for perfection, they can make you feel like parental pond scum. So it was one year with Lila's "class mom" Pamela, a tower of Good Intention swathed in three-piece ruffled-denim ensembles. Approaching her parent-volunteer table at open house, we were blinded by a rainbow of highlighted, color-coded and stickered sign-up sheets; we all dreaded her chirpy "reminder" phone calls, which had a sweet but firm way of letting you know whether you measured up. Baking-impaired, and unable to help at morning decoupage sessions because of work, I disappointed Pamela bitterly. Desperate to redeem myself as chaperone on a planetarium trip, I aced the lecturer's constellation quiz, barking out [illegible] enough to spook the kids. "Cool it, Mom," Lila begged in a whisper.

Later, as I dragged [illegible] to check out some chrysalises [illegible] might bring to class for her birthday, she begged for homemade. In my version, this meant a cake mix with sprinkles that always seem to melt nastily before snack time. Lila was resolute: "I like yours better. Are you just scared the class mom will dis them?" Chastened, I baked the birthday pucks and re-examined my insecurities over lunch with two mom pals I've relied upon since Lila's preschool days. "Face it, we've found our own level here," said Wendy, who actually can bake things from scratch—but can't ever find the time. In our shared laughter was the real balm of mom-to-mom friendship. At its best, it's compassionate rather than competitive; it has an intimacy more fundamental than friendships forged at work, at school, in the neighborhood.

> In proudly striving for perfection, overly wholesome parents can make you feel like parental pond scum

Such grace can—and has—saved a wretch like me. My small but loyal band of guardian-angel OPs never falters at providing tender mercies: If I'm hung up elsewhere, they will not hesitate to pick up my retching child from the school nurse—in a brand-new minivan. Their shared wisdom has revealed the Secret Messy Truths all those best-selling parenting guides never mention, from the agonies of newborn-chomped nipples to what [illegible] really thinks of your tofu stir-frys. The OP circle provides a secure chat room for subjects that might reasonably drive other adults away gagging (extracting ticks/splinters, popcorn kernels up noses). OP solidarity is a warm, strong hand that reaches through the exhaustion and isolation of early motherhood. How many mornings did my weary soul leap to hear Sara on the line: "I can't stand this! Let's strap 'em in and go somewhere!" It's a bond predicated on this simple truth: Parents need nurturing, too.

The best part: Such amity can grow and mature as your kids do. Not long ago, my nearest and dearest OPs gave me a glorious birthday dinner—with none of the 10 children seen or even talked about. Our dialogue may have begun in the sulfurous purgatory of potty training, but somehow, we'd made it to this delicious, laugh-filled adult evening. I looked around the table at the men who guard my kids in the ocean and make them French toast, at the women who have sustained me through those post-partum hair-loss blues and will be there when hot flashes blaze on the horizon. I trust we'll nurse one another through the seismic rupture of graduations and the gentle griefs of empty nests. What pithy toast can one make to all of this? I caught a wink from Sara through the candlelight. And in a decidedly wobbly voice I pronounced: "Tonight, I'm so very glad I had kids."

Do you have advice or comments for Gerri, or stories to share? Write her at: lhj.mylifeasamom@meredith.com.

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On the Road Again

Except for the squabbles over directions, car cleanliness, obscene hand gestures and radio music choices, my wife and I *love* being in the car together

I really love driving with my wife, which is why I get upset when she tells me how much she hates driving with me.

She doesn't say this all the time. Over the years, we've spent a lot of quality time together in the car: just the two of us on the open road, with plenty of time for talk big and small, powered by our favorite CDs and way too many caffeinated beverages. In fact, we have better-developed husband and wife roles in the car than anywhere else. I am always the driver. I can't stand being driven: If I died in a car crash with someone else at the wheel, I'd kill myself.) And Diane, who prefers to be driven, has anointed herself "The Master Passenger." This means it's her job to keep the conversation lively in order t keep the driver awake. Because this, we've had many breakthroug conversations in the car. I think sh saves up topics.

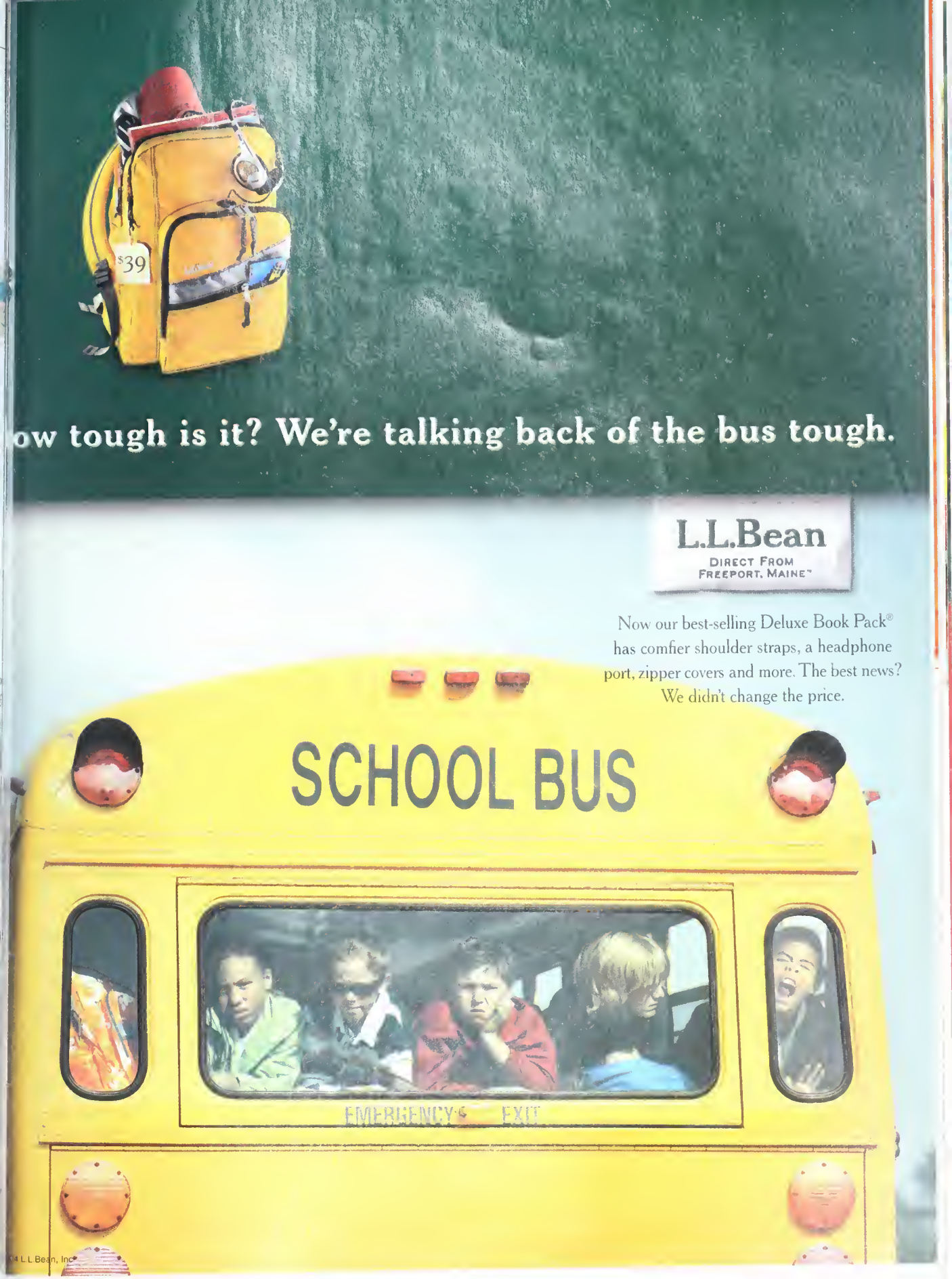
Since the car has become such nurturing environment—sometime it's like being in a great therapy se sion, and other times it's like bein serviced by a geisha from Mensa—am always surprised when the con versation turns frosty. Which it doe with surprising regularity on one sub ject—directions.

In the war between the sexes, driv ing directions are the ultimate mine field. Whenever I hear the sound o Diane unfolding a map or paging through a MapQuest printout, or see her lower her glasses on her nos to read my hand-scrawled directions I know we're about to head into Car-Paradise Lost.

The conversation generally starts when we are approaching an exit or juncture that isn't in our CONTINUE

BY STEPHEN FRIED

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even take us off the cell phone like passengers who had to take over flying the plane. "OK, that's it, make the next exit, pull up past that mailbox, and we're the house with the big circle front porch yelling at you on the phone."

But, except for that, we have a really great time driving together. Except for one other thing. Diane hates the way I drive in the city. The honking and the hand gestures—which I consider part of any normal driver's vocabulary of communication—she finds aggressive and dangerous. She leaves newspaper stories out for me about people maimed or executed by drivers they cut in front of or made obscene gestures to. She says she doesn't want to be a road-rage widow (which actually sounds like a good name for a country song).

> My wife hates the cleanliness level in the car, which is usually one step above my gym bag

Oh, and she also hates the general cleanliness level in the car, which is usually just one step above the bottom of my gym bag. We drive a pretty unexceptional car—late model black Toyota Camry, perfect for FBI agents on a budget—and since we live in the city, we don't bother repairing minor dings and scrapes. So, in my defense, even when the car is sparkling, it still doesn't look that great. To a husband, that's a defense.

But, except for the directions thing, the alpha-male driving habits, and the Diet Pepsi bottles piling up in the backseat, we love being in the car together. That is, as long as we can agree about what's on the radio. While we sometimes bring CDs, we stick to the radio until we're out of range of anything listenable. I usually try to start with NPR. But after about five minutes, Diane starts chanting "good times, good times" from that spoof on *Saturday Night Live*, until I agree to change the station and find her a Led Zeppelin song. To her, that's the ultimate car music.

I could debate this musicologically—and in fact I have, since being in the car at the mercy of whatever comes on the radio, often does inspire me to musicological discourse. Diane plays along until I ask her to make a Top 10 list of themed songs (such as, "Top 10 Songs about Bad Drivers"). Then she looks at me and asks, "What is it with boys that they always want to make Top 10 lists? Girls have better things to do with their time."

And then each of us hopes the other one remembered to bring the CDs. But only if they're the right CDs. Led Zeppelin, Elvis Costello, Miles Davis or Al Green are always right for her. Anything else, it's a crapshoot.

So, except for all these things, my wife and I love driving together. And now that I've publicly questioned her map-reading, I think I have a pretty good idea what topics The Master Passenger will be bringing up on our next big drive.

Next month: What it means when friends get divorced.

Have questions or comments for Stephen? E-mail him at lhj.heartofahusband@meredith.com, and read more about him at www.lhj.com/stephenfried



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Reflections on Mother

"My Mother Was So Brave"

For ten years I watched my mother care for my father as he struggled with Alzheimer's. I will be forever awed by the example of her devotion—and by the power of their love







4



3

2

Scenes from a life well lived: 1. Nancy Reagan and daughter Patti Davis at a Hollywood movie premiere in December 2003. 2. Patti with her parents, in the late 1950s. 3. At their 1952 wedding, newlyweds Ronald and Nancy cut the cake. 4. President and Mrs. Reagan celebrate their 33rd wedding anniversary in the Oval Office

Just a few weeks prior to her father's death on June 5, 2004, Ronald Reagan's daughter, Patti Davis, wrote the following essay for Ladies' Home Journal *honoring her mother's courage in caring for him for the last 10 years. The issue [illegible] we were going to press. Only days after Ronald Reagan's death, Patti called us. "My mother [illegible] would want me to share it," she said. "It's [illegible] would."*

BY PATTI DAVIS

recently it was important to her that I have it. The diamond is small, but the meaning behind it is huge—a memento from the vast, encompassing love that has defined my parents' lives. I will also one day be the beneficiary of her wedding ring: she has carefully left instructions with the appropriate people that this is her wish. It too is set with diamonds.

I have thought often these days about the nature of diamonds and how like people they are. A diamond is amazingly strong, able to cut glass and even another diamond. It is also achingly fragile. A stone CONTINUED

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Body System: Adverse Event	Placebo (n=355)	ARICEPT® (n=747)
Percent of Patients with any Adverse Event	72	74
Body as a Whole		
Cardiovascular System		
Digestive System		
Hemic and Lymphatic System		
Metabolic and Nutritional Systems		
Musculoskeletal System		
Nervous System		
Urogenital System		

Other Adverse Events Observed During Clinical Trials

Cardiovascular System:

Digestive System:

Endocrine System:

Hemic and Lymphatic System:

Metabolic and Nutritional Disorders:

Musculoskeletal System:

Nervous System:

Respiratory System:

Skin and Appendages:

Special Senses:

Urogenital System:

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OVERDOSAGE

DOSAGE AND ADMINISTRATION

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an have a fault line deep within it nd if hit or dropped on that precise pot it will break. Human beings are stoundingly resilient, too—you only iave to watch one parent lose the ›ther to know that. But you wonder bout the fault lines. A diamond's rue clarity and brilliance can only ›e seen against a neutral background, not against a dark one. How nany of us have persisted in looking it our parents against a dark backdrop of blame and old grudges, blinding ourselves to the prisms of light that we could see if only we wiped clean the past?

A decade ago, when my father was diagnosed with Alzheimer's, my mother and I were in the process of repairing our long-fractured relationship. It's a typical story, really, made unique only by the spotlight of our public life. I could tell you that I was a stubborn, hardheaded daughter, given to drama and acting out. I could tell you that my mother bristled at my constant assaults and was a worthy opponent. But the only relevant and oddly sweet component of our battle-torn history is my father. I longed for his attention in the particular, determined way that daughters do. I saw my mother as the obstacle in that endeavor. I didn't know how to look at the awesome majesty of their love for each other against a neutral background. I could see it only against the shadow of my own neediness.





1. Ronald and Nancy, Ron Jr. and Patti pose outside their California home in 1960. 2. Ten years later, Reagan, then governor of California and family during Christmas 1970

There is no preparation, no schooling, for watching your mother lose the love of her life

Now we stand on either side of his bed, like parentheses—discovering new ways to reach out to him . . . and new ways to let him go, although she and I are obviously losing him in different ways.

There is no preparation, no schooling, for watching your mother lose the love of her life. Loss—and its certain companion, grief—is something all of us will know at some point if we live long enough. Yet to each person it feels unique—a solitary, often lonely journey. Sometimes I feel like a helpless witness. I hear how quiet my parents' house has become. This is not the house I grew up in; they moved into it in 1988 at the end of my father's two terms as president. There is a sweep of lawn and a serene garden where something is always blooming; the view of the city beyond often looks like a painting or a photograph.

CONTINUED





1. The young pair aboard a boat in California, August 1964. 2. As First Couple, dancing at a state dinner in 1985

reminds me how my father loved the view, the calm green of the garden. There is a wistful smile on her face but her eyes are endlessly sad. Now he lies in a hospital bed in the room that was once his study.

On the other side of the wall, she sleeps alone after decades of sleeping with him. Sometimes she has dreams in which my father appears to her, whole and healthy and strong. When she shares these with me, I fumble through comments about ancient mythological stories in which lovers come together in dreamtime. I want to bring some kind of solace to her, yet I know I can't. "When I wake up," she tells me, "I'm so sad."

My mother is passing along to me something more precious than diamonds: the powerful medicine of devotion, the way love, in Maya Angelou's words, "costs all we are and will ever be, yet it is only love which sets us free."

"I have been so lucky in my life," my mother has often said to me, usually if we are talking about some marriage that broke up, or one that is rife with problems. More than half a century ago, my parents fell in love—wholly, completely—and they never doubted their love.

"You've been very [illegible]," I told her. "Unless I fall [illegible], I'm going to live a really long time. I'll never have what you've had." I [illegible]. I wonder if my [illegible]

Sometimes he comes to her in dreams. "When I wake up," she tells me, "I'm so sad"

brave as hers—to love that fully, with so much trust, knowing that life can turn in sharp and unexpected ways.

Then there are moments like this: "I don't think I appreciated my life with your father enough," my mother once said to me. "I remember so many things, and I feel like I took them for granted at the time, like I thought nothing would ever change."

"I'm sure you appreciated everything," I ventured. "It's natural to feel—when so much is going away—like you wish you'd held on tighter. But I'm certain you embraced every moment completely." It was the best I could do, but it didn't seem like enough. It was another of those times when I felt helpless.

At some point, I came to realize that bringing comfort and solace is not always about saying something. It's often just about being there, a willing listener when CONTINUED

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reflections on my mother

mother wants to talk about a dream she had, or memories that have surfaced—even fears that rise up from the shadows. Maybe that's the best we can do to fill up some of the loneliness that has descended on parents whose partners are leaving before them. It feels like a small gesture at first, until you see that, just like the diamond I wear around my neck, its meaning is enormous. You're stepping into the wilderness with them and taking up some of that empty space.

It has also occurred to me that the depth of my mother's sorrow is in exact proportion to the depth of her love. We grieve because we love. I can't expect to prune her grief into something less cumbersome and unruly when their love has such a deep root system.

Alzheimer's is a disease of huge uncertainties and small acceptances. There are really no predictable patterns in the disease, nor is there any way to determine how long a person will hold on once the diagnosis has been made. Moment by moment, day by day you learn to accept what you don't know and what you can't change. In learning this with my father over these long years of his illness, I have also learned—finally—to apply the same lessons to my mother. I have had to accept what I can't do and wrap my heart around what I'm able to do. I look for lessons constantly in the way my mother handles this chapter of her life, and I find them.

At my sister Maureen's memorial service, I watched my mother reach across the church pew to grasp Jane Wyman's hand. My mother had lost her stepdaughter; Jane had lost her child. It was a quick moment, an acknowledgement of the profound wound of a mother burying her child. In witnessing it, I was given a lesson in bringing solace to another person whose sorrow is immeasurable. What was communicated between those two women, both of whom have been married to my father, was clear and true. That one gesture—my mother's hand reaching out to Jane's—covered more ground than words ever could.

I have also watched with pride as my mother has used this sad passage of our lives to speak out for stem cell research, which could lead to a cure for Alzheimer's as well as many other fatal diseases. "It's too late for Ronnie," she has said. "But for other families . . . " My mother is tiny, but her determination is huge. So is the impact she has had on the promise of making stem cell treatment a reality.

The future is crisscrossed with uncertainties. When the inevitable end does arrive, how will my mother walk past his empty room? What will she do with all that silence? Will it be like a blow to the fault line inside a diamond? The questions haunt me. The answer is simply to be there. We can't be architects of another's grief; we can only stand close to catch some of the falling pieces.

Time eventually takes our loved ones and leaves us with memories and a faint echo of voices that once filled rooms. We look backward across a long stream of days. If we're lucky, those days reflect light as brilliantly as any diamond. We remember laughter, tears, soft silences. We remember seeing emptiness and trying to stretch ourselves to fill as much of it as we could. We hope it was enough.

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Morgan was trained to check in with Chris every 15 minutes

The Magic of Morgan

Chris had an anxiety disorder so severe he couldn't go to school or spend time with friends. Experts were baffled—but a very special German shepherd was able to form a healing bond

BY JEANNE MARIE LASKAS

Recently I met a woman whose disabled son was saved by a dog. It seemed, on the surface, almost impossible to believe. By the time he was entering adolescence, Chris Borden's life had become so small it seemed he would never be able to relate to people. A life of doctors, drugs and therapists proved inadequate, until Morgan, a German shepherd, entered Chris's life.

A dog made the difference of a lifetime. Why is that so hard to believe? For those of us who think of ourselves as "animal people," I suppose it isn't. I've always had an animal in my life that I turn to. Right now it's Skippy, my mule. He's a good listener. Well, mules are known for their giant ears, and so of course they have exceptional hearing. I talk to Skippy when I'm upset or when I have something really complicated to figure out. "You're not going to believe this one, Skip . . ." is how I often begin. Hey, it's cheaper than going to a shrink.

But the Bordens's story is more on the order of a miracle. The family lives in a suburb of Tulsa, Oklahoma. Janet Borden, 40, knew since Chris was just 2 that something was wrong with her son. Any change in environment—going outdoors, into a car, or into a store—would cause him to pitch a horrible fit, and so would loud noises, like those made by a vacuum cleaner. He would cry inconsolably, throw temper tantrums. He also had trouble making eye contact. His first diagnosis was attention deficit disorder, followed by a mixed bag of other disorders: nonverbal learning disorder, dyslexia, dysgraphia, depression, autism spectrum disorder. Over the years, doctors tried numerous therapies and medications, as Chris's condition only worsened.

By the time he was 13, Chris, who is now believed to suffer primarily from Asperger's Syndrome (a mild form of autism) and obsessive-compulsive disorder, was having multiple panic attacks a day, all to the cruel delight of school bullies. A favorite cafeteria sport was loading French fries with ketchup and hurling them at Chris.

Defeated, brokenhearted, his mother took him out of school and began homeschooling him. His panic attacks only worsened, and soon Chris was unable to leave the house at all. A simple run to the store or a dinner out with his parents and younger brother, Chase, would throw him into full-blown panic. It seemed to the family that he was doomed to the miserable life of a shut-in.

At a meeting of advocates for the disabled, Janet Borden CONTINUED

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heard about service dogs for children with autism related disorders. It was almost too good to be true: Get your child a dog and watch him suddenly be able to relate to people in a more normal way. Yet she heard story after story of such successes in partnering dogs with autistic children.

Janet and her husband, Phil, had always had pets—dogs and cats and guinea pigs—and, as she thought about it, Janet had to admit that Chris was always at his best when around them. So what about getting a pet that was really trained to work with kids like Chris?

Last summer, Morgan, a 2-year-old German shepherd with clear eyes and a lean frame, arrived at the airport with a trainer from a nonprofit support program for disabled people and their dogs. The Bordens made a $2,500 contribution to the group in order to get Morgan. They chose this organization because the trainer would actually come and live with them for 10 days, rather than the other way around, which would not have been feasible for Chris.

Chris and Morgan bonded almost immediately. The trainer allowed no one but Chris to interact with Morgan for the first week—until Morgan understood that this was her person. Chris was taught to use all the commands that Morgan knew, perhaps the most important one being "Lap up," which he was to use whenever he felt a panic attack coming. Morgan would put her paws in his lap, and lean in—giving him a dog hug until the attack was over.

Within a week, the Bordens were going to restaurants as a family—four dinners in one week—and to shopping malls, and to church, thanks to Morgan. The real magic of Morgan is that she has become so adept at helping Chris get through his panic attacks, she can actually sense them before they begin. She'll flip his arm with her nose. She'll keep doing it until he focuses on her instead of the anxiety he's feeling, and so the attack ends before it ever really takes hold. And so Chris can trust that Morgan is looking out for him, freeing him to live a more normal life. One day recently at church, Morgan was making a fuss. Chris figured she didn't like the music they were playing. So he took her outside. The minute he got out the door, he had a panic attack. Morgan had known to get him out. "Lap up!" he said to her, realizing what was going on. She hugged him until the attack went away.

Chris, a kid who once suffered multiple panic attacks a day, now has fewer than two a month. He has started weight training with a friend, he goes to movies, and he even has a girlfriend. Perhaps most remarkable to his parents, he's planning to go to college. "Chris is a completely different person now," says Janet.

For the first time in his life, Chris actually has a life. How remarkable it is to think that a child with multiple mental and emotional challenges was able to gain entry into the world—simply by having an animal by his side.

I was telling Skippy about this just the other day. "You're not going to believe this one, Skip," I said. "There's a boy in Oklahoma who was collapsing with fear until along came a dog named Morgan who set him free." Skippy did what he always does when I scratch his ear and talk. He lowered his head and closed his eyes with satisfaction.

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BRIEF SUMMARY:
INDICATIONS AND USAGE

CONTRAINDICATIONS

... Pregnancy and Lactation

WARNINGS Liver Enzymes

... It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose and periodically (e.g. semiannually) thereafter ...

... Myopathy/Rhabdomyolysis Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with rosuvastatin and with other drugs in this class ...

... The benefit of further alterations in lipid levels by the combined use of rosuvastatin with fibrates or niacin should be carefully weighed against the potential risks of this combination. Combination therapy with rosuvastatin and gemfibrozil should generally be avoided. (See DOSAGE AND ADMINISTRATION and PRECAUTIONS, Drug Interactions.) ... The risk of myopathy during treatment with rosuvastatin may be increased in circumstances which increase rosuvastatin drug levels (see CLINICAL PHARMACOLOGY, Special Populations, Race and Renal Insufficiency, and PRECAUTIONS, General). Rosuvastatin therapy should also be temporarily withheld in any patient with an acute, serious condition suggestive of myopathy or predisposing to the development of renal failure secondary to rhabdomyolysis (e.g., sepsis; hypotension; major surgery; trauma; severe metabolic, endocrine, and electrolyte disorders; or uncontrolled seizures). PRECAUTIONS General ...

Information for Patients

Laboratory Tests

Drug Interactions ...

Gemfibrozil

Endocrine Function

CNS Toxicity

Carcinogenesis, Mutagenesis, Impairment of Fertility

Pregnancy *Pregnancy Category X* ...

Nursing Mothers

Pediatric Use

Geriatric Use

CRESTOR
rosuvastatin calcium

... Warfarin ...

... ADVERSE REACTIONS ...

... Clinical Experiences Adverse experiences, regardless of causality assessment, ... In placebo-controlled clinical studies of rosuvastatin are shown ... These studies were double-blind and these studies of up to 12 weeks duration ... patients on rosuvastatin and 84 on placebo.

Table 1 Adverse Events in Placebo-Controlled Studies

	Rosuvastatin (N=744)	Placebo (N=382)
...	9%	7%
...	8%	6%
...	8%	9%
...	4%	3%
...	4%	3%
...	3%	3%
...	2%	3%
Asthenia	2%	2%
Back pain	2%	2%
Pain, chronic	1%	1%
...	1%	1%
Rhinitis	2%	2%
Sinusitis	2%	2%

... In addition, the following adverse events were examined regardless of causality ass... of 10,275 patients treated with rosuvastatin in clinical studies. The ... rates occurred in ≥2% of these patients: Body as a Whole: Abdominal pain, ... chest pain, infection, pain, pelvic pain, and neck pain; Cardiovascular System: hypertension, angina pectoris, vasodilatation, and palpitation; Digestive System: gastroenteritis, vomiting, flatulence, periodontal abscess, ... gastritis; Endocrine: Diabetes mellitus; Hemic and Lymphatic System: Anemia, ... thrombocytopenia; Metabolic and Nutritional Disorders: Peripheral edema; Musculoskeletal System: Arthritis, arthralgia, and pathological fracture; Nervous System: ... insomnia, paresthesia, peripheral paresthesia, depression, anxiety, vertigo, and neuralgia; Respiratory System: Sinusitis, cough increased, dyspnea, pneumonia, and asthma; Skin and Appendages: Rash and pruritus; Laboratory Abnormalities: ... In the rosuvastatin clinical program, dipstick-positive proteinuria and microscopic hematuria were observed ... rosuvastatin-treated patients predominantly in patients dosed above the recommended dose range (i.e., 80 mg). However, this finding was more frequent in patients taking ... statin 40 mg when compared to lower doses of rosuvastatin or comparator statins. ... was generally transient and was not associated with worsening renal function. ... PRECAUTIONS, Laboratory Tests. Other abnormal laboratory values reported ... elevated creatine phosphokinase, transaminases, hyperglycemia, glutamyl transpeptidase, alkaline phosphatase, bilirubin, and thyroid function abnormalities. Other ... events reported less frequently than 1% in the rosuvastatin clinical study programs, ... less of causality assessment, included: arrhythmia, hepatitis, hypersensitivity, ... [illegible] edema, cholecystitis, eosinophilia, vesiculobullous rash, urticaria, ... pedema, kidney failure, syncope, myasthenia, myositis, pancreatitis, photosensitivity reaction, myopathy, and rhabdomyolysis. OVERDOSAGE There is no specific ... ment in the event of overdose. In the event of overdose, the patient should be ... symptomatically and supportive measures instituted as required. Hemodialysis does ... significantly enhance clearance of rosuvastatin. DOSAGE AND ADMINISTRATION The patient should be placed on a standard cholesterol-lowering diet ... starting CRESTOR and should continue on this diet during treatment. CRESTOR ... should be started at the appropriate dose and may be given at any time of the day, with or without food. Hypercholesterolemia (Heterozygous Familial and Nonfamilial) and Mixed Dyslipidemia (Fredrickson Type IIa and IIb) The dose range for CRESTOR is 5 ... 40 mg once daily. Therapy with CRESTOR should be individualized according to ... baseline LDL-C level and the goal of therapy ... The usual recommended starting dose of CRESTOR is 10 mg once daily. Initiation of therapy with 5 mg once daily may be considered for patients requiring a ... more modest reduction in LDL-C or who have predisposing factors for myopathy (see ... WARNINGS, Myopathy/Rhabdomyolysis). For patients with marked hypercholesterolemia ... (≥190 mg/dL) and aggressive lipid targets, a 20-mg starting dose may be considered. ... 40-mg dose of CRESTOR should be reserved for those patients who have not achieved ... LDL-C goal after 2 mg (see WARNINGS, Myopathy/Rhabdomyolysis). After initiation and/or ... titration of CRESTOR, lipid levels should be analyzed within 2 to 4 weeks and ... adjusted accordingly. Homozygous Familial Hypercholesterolemia The ... recommended starting dose of CRESTOR is 20 mg once daily in patients with homozygous ... familial hypercholesterolemia. The maximum recommended daily dose is 40 mg. CRESTOR should be used in ... patients as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or ... if such treatments are unavailable. Response to therapy should be estimated from pre-apheresis ... LDL-C levels. Dosage in Patients Taking Cyclosporine In patients ... cyclosporine therapy, should be limited to CRESTOR 5 mg once daily (see WARNINGS, ... Myopathy/Rhabdomyolysis and PRECAUTIONS, Drug Interactions). Concomitant ... Lipid-Lowering Therapy The effect of CRESTOR on LDL-C and total-C levels is ... enhanced when used in combination with a bile acid binding resin. If CRESTOR is used in ... combination with gemfibrozil, the dose of CRESTOR should be limited to 10 mg once daily ... (see WARNINGS, Myopathy/Rhabdomyolysis and PRECAUTIONS, Drug Interactions). ... Dosage in Patients With Renal Insufficiency No modification of dosage is necessary for patients with mild to moderate renal insufficiency. For patients with severe ... renal impairment (CLcr <30 mL/min/1.73 m²) not on hemodialysis, dosing of CRESTOR ... should be started at 5 mg once daily and not to exceed 10 mg once daily (see ... PRECAUTIONS, General and CLINICAL PHARMACOLOGY, Special Populations, Renal ... Insufficiency).

NOTE: This summary provides important information about CRESTOR. For more information, please ask your doctor or health care professional about the full Prescribing Information and discuss it with them.

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family front



"I just stared and stared at him," says Laura Sinclair of the first time she met her biological father, Noe Vasquez. "just to memorize his features, to look for myself in him"

A Father, Lost and Found

At 31, Laura Sinclair met her biological parents and learned the truth about her ethnic heritage, as well as the heartbreaking story of how racial prejudice shattered two families' lives BY MARGARET RENKL

The atmosphere surrounding Laura Sinclair's hospital bed last July was festive, even euphoric, though an observer might have a hard time understanding why. Laura's father, Noe Vasquez, then 56, was lying in a hospital bed next to her, legally blind and desperately ill from kidney failure, the result of a long battle with diabetes. And Laura, 37, was facing a major operation herself. Still, the stay-at-home mom from Hendersonville, Tennessee, felt nothing but peaceful exhilaration at the prospect of surgery. "I was absolutely elated," she says, looking back. "That operation was a gift from God."

With her husband, John, then 38, by her side, Laura was about to give a huge gift of her own. The following morning she would donate one of her kidneys to her father, an act of gratitude to the man who gave her life, as she likes to think of it. The surgery is complicated, but for her the decision was simple: Noe needed a kidney, and Laura was a match.

But nothing else about the occasion was simple. Laura Sinclair was adopted at birth, and the father who raised her from infancy was not in the hospital with her. Laura's adoptive parents, Bill and Gayle Barnes, were back home taking care of Laura's children, Ben, then 11, and Drew, then 6. Laura was about to give her kidney to a man she had met for the first time only six years earlier.

Laura was born to an unwed mother in an age when girls who "got in trouble" were sent away to bear their babies in secret. But for Sarah* and Noe, a different kind of secrecy began more than two years before Laura's birth, in tiny Weslaco, Texas. It was 1963 when Sarah and Noe met in that small farming community about eight miles from the Mexican border. Sarah, then 15, was a quiet, blue-eyed blond from an Anglo family; Noe, also 15, was a Mexican American. Though whites in Weslaco were a CONTINUED

*Laura Sinclair's biological mother asked that her real name not be used.

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Until her adopte daughter donat a kidney to No "I don't think I understood hov much love Laur was capable of says Gayle Barn

minority [illegible] the town's 12,000 residents. [illegible] parents for bade her to [illegible]. "Prejudice [illegible]," says Noe. "Sarah's parents [illegible] the way all the other Anglos did."

But from the moment they met through friends, the two were attracted to each other. Noe, who had recently moved to Weslaco from an integrated neighborhood in Chicago, refused to let small-town prejudice keep him from seeing Sarah again. "I liked Sarah so much I figured whatever happened, it was worth it."

The teens couldn't date openly so they wrote letters instead, secretly exchanging them at school. As the relationship became more intense, Sarah would tell her parents that she was going home after school with a friend—and then head to Noe's house, the one place in Weslaco where secrecy wasn't required. "My parents loved Sarah," Noe says. "She was part of the family."

Despite the obstacles, the two were determined to marry as soon as they were of age. During the second year of their relationship, they even bought rings and tried to elope in Mexico, where, as Noe recalls, there was no age requirement for marriage. But though they stopped in three or four Mexican towns, not a single justice of the peace would marry them. "They didn't want trouble," Noe says. "Because Sarah was white, they all said, 'We don't want anything to do with this.'"

When they turned 17, Sarah and Noe became sexually active for the first time. "It didn't even cross our minds that Sarah might be pregnant," says Noe. When she did, a couple of months later, she told Noe right away, terrified, but he was not afraid. "I told her everything would be all right," he says. "I really thought that with a grandchild on the way, her parents would let us get married. And I knew my parents would help us."

They began to make plans: Sarah would finish the school year and graduate; Noe, a year behind her, would drop out; they would marry and move to Chicago where his older brother would help him find a job. "I didn't want to stay in Weslaco with all its prejudice," Noe says. "I didn't want Sarah, or our child, to go through that."

But for her part, all Sarah could do was cry. She knew how angry her parents would be—about the pregnancy, about her secret affair with a Mexican boy—and she couldn't bring herself to tell them. Already petite, she was too upset to eat and actually lost weight in the first months of pregnancy. By the time she graduated from high school, Sarah was five months along, and no one—least of all her emotionally distant parents—had even noticed she was pregnant.

Concerned about Sarah's health and the health of the baby, Noe finally called her parents himself and told them the truth. He was surprised by their apparently passive reaction and by the fact that they invited him and his parents to a meeting at their house. When they agreed to suppo the young couple's desire to mar Noe believed the worst was over.

"But I think now they must ha been stalling," he says. The next d Sarah's father called Noe's father say he'd changed his mind: The would be no marriage, and Noe w never to see Sarah again, nor a tempt to contact her. Noe was fra tic. He begged his father to interver and ask Sarah's father to reconside but when he did, Sarah's father r fused, saying, "She's underage, an we've decided to handle this ou way. We won't make any trouble fo you if you stay away from her." No wasn't sure what Sarah's fathe meant by the threat, but he knew couldn't be good.

After that phone call, Noe neve heard from Sarah or her parent again. "I wanted to call, but I didn because I was afraid it would make i harder on Sarah," he says. "I waited and waited to hear from her. Bu overnight, she was gone."

To Gayle and Bill Barnes, the dark haired baby they named Laura was a much-longed-for child. Bill, then 28 was a research scientist at a think tank in San Antonio and Gayle, then 25, was a homemaker; both had al ways hoped for a big family. They were already parents of CONTINUED

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a 4-year-old son. Her then second baby had been stillborn, the result of medical complications that doctors said would threaten Gayle's future pregnancies. So the Barneses decided to adopt, and put in an application with the Methodist Mission Home in San Antonio. Nine months later, they got a call to come and meet their new baby, whom they named Laura.

The Barneses knew Laura's birth father was a Mexican American, a fact that didn't bother them a bit. "Laura was the most beautiful thing I'd ever seen," Gayle says. "The day they laid her in my arms, she was my child."

"They were the best parents that I could ever have gotten," Laura says today. "They loved me just like they loved my brother, and they treated us exactly the same way." Even when Gayle had a surprise pregnancy five years later that miraculously resulted in a healthy baby girl, Laura didn't feel edged out. "Mom and Dad just explained that my brother and sister came from Mom's tummy, and I was the special baby they chose."

Still, there were troubling moments. With her shining black hair, brown eyes and olive-toned skin, Laura looks nothing like the rest of the fair-skinned, blue-eyed Barnes family—a fact she noticed at a young age. As a preschooler, when she drew pictures of her family, Laura always colored her parents and her siblings white, and colored herself brown.

When Laura was 3, the Barnes family left Texas so that Bill could return to graduate school and earn a Ph.D. Later, his job as a NASA nuclear physicist took the family to Maryland. A move that meant Laura grew up in a part of the country with virtually no Hispanic community. "There wasn't one person who looked like me," Laura remembers.



Having her son Drew (on his father's shoulder) and Ben (shown with his friend Trey on top of him) convinced Laura that it was time to search for her own roots

"People who aren't adopted can't understand the magnitude of looking in the mirror and seeing someone who doesn't look like anyone else."

Children at school would ask Laura, "What are you?" But when Laura asked her mother, Gayle always said, "You're a little bit of everything; you're not any different from anybody." "All that mattered to them was that they loved me, that I was their child," Laura says.

Despite this abiding love, Laura nursed a feeling of deep rejection. "I couldn't stop wondering Who am I? Why did my own parents give me away?" she says. She kept girlfriends at arm's length and never dated the same guy for long. Even after she married John Sinclair, a law-school student whom she had met through a friend, she felt herself holding back emotionally. "I didn't want to be that vulnerable," she recalls. "What if he left me, too?"

When John finished law school, the couple moved to Albuquerque, New Mexico, where he entered private practice and she went to work as a mortgage banker. Each moved quickly up the professional ladder, and Laura's questions about her identity took a backseat to building a career. By the time her first child, Ben, was born in 1991, she had a life many women can only dream of: beautiful home, lucrative work, perfect family. Ben's birth was especially joyful: "He looked exactly like me," Laura says. "This was my child, my blood, finally someone who was a part of me."

Still, something was missing. "Nothing I did seemed to fill the void," Laura says. Eventually her unhappiness took its toll on her marriage; she and John separated briefly in 1995. "I was in the process of destroying my marriage because I couldn't let anyone, not even my husband, get close to me," she says. Counseling saved the marriage but offered no insight into the real source of Laura's unhappiness.

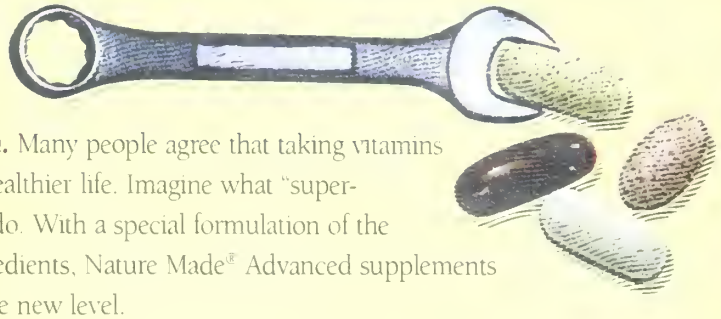
After the birth of her second son, Drew, in 1996, Laura met with a new counselor who put Laura's feelings of emptiness and those about being adopted together. "All those questions about who I was, that longing to know where I came from, that fear of being abandoned—it all began to make sense," says Laura. "I walked out of that therapist's office and I never went back." Instead, she started the search for her origins. "I love my parents, and they will always be my parents," Laura says. "But this was something I needed to do to know who I really am."

CONTINUED

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Style and [illegible] made a secret of [illegible] older daughter had [illegible] the family, so Laura knew [illegible] where to begin her search. When she called the Methodist Mission Home in San Antonio, she was put in contact with Patricia Martinez Dorner, a counselor who specializes in adoption searches. Dorner sent Laura a copy of her adoption file. Although all the identifying names and places were blacked out, Laura learned from it that her mother was a fair-skinned blond; she got her dark coloring from her father. The question she'd been asking all her life was finally answered. "That was huge," says Laura. "There I was, living in Albuquerque where most people are Hispanic, and I had no idea it was my heritage, too."

Eventually she petitioned the Texas courts to unseal her adoption records and hired Dorner to begin the search for her parents. Dorner found Sarah living in Nashville, Tennessee, where she'd moved with her husband. Sarah immediately agreed to talk to the daughter she had given away 31 years before. At Dorner's suggestion, Sarah made the first call. When Laura answered the phone, Sarah said, "This is your mother, who first laid eyes on you." Then both women began to cry.

They talked deep into the night. Laura finally learned the story of how she came to be born in a home for unwed mothers—how Sarah's parents had told her that if she married Noe they would never speak to her again, how deeply it had broken her heart to lose Noe but how she [illegible] she had no choice.

Sarah's story broke Laura's [illegible] too. But learning the truth about [illegible] birth brought unexpected anger, too. "The only reason, *the only one*, [illegible] my birth parents couldn't be togeth[illegible] was that my father had brown skin," Laura says. She had never suffered anything more than gentle teasing because of her dark complexion, but at the age of 31, she was finally discovering that her entire life had been shaped by racism.

Five days after their first conversation, Laura flew to Nashville to meet the woman who had given birth to her. "I'll never forget seeing Sarah at that airport terminal," says Laura. "[illegible] the feelings that flooded through me as we hugged. Her smell, her touch-



ad finally met the woman I'd amed about my entire life."

Even after almost a week together, ıra felt that she and Sarah hadn't n begun to make up for 31 years ost time. "Honey," she said to her sband, John, when she got home, ow would you feel about moving Nashville?" They'd have to uproot ir children, sell their dream house. I leave behind two successful ca- rs and a host of friends, but John reed. He knew how lost Laura had vays felt, and he understood how portant getting to know her birth other was now. "I knew Laura was ıally going to be at peace if we oved," he says, "and that was clear- worth the trade-off."

For other family members, though, ch huge changes were more difficult to accept. "In my heart I understood that Laura had done the right thing," says Gayle Barnes, "but in my head I thought, 'This is your family; you don't need another family!'" But for Laura things were very simple: "I love both of my children unconditionally. I knew I could love both of my mothers the same way."

But the picture wasn't complete. It was time to find her birth father.

Patricia Martinez Dorner found Noe by making inquiries in the small town where she believed he still lived. Drafted into the Army shortly after Laura's birth, he had returned to Weslaco after his discharge and was now the married father of four daughters. Diabetes had sapped his energy and slowed his career as a master electrician, so Noe was at home when Dorner called. At first he was speechless: "I never heard another thing after [redacted]'s father called to say I couldn't marry her," he says. "Nothing."

Noe quickly recovered from his shock: "I want to talk to her. I want to know how she's doing. I want to know where she is, *I want to know everything*, all 31 years, all at once!" he told Dorner, amazed. Again there was a flurry of phone calls, an exchange of photos, immediate plans for a visit. When Noe stepped off the plane a couple of weeks later, Laura and Sarah were waiting for him. "After so many years of not knowing," he says, "it was just overwhelming."

"I stared and stared at him—just to memorize his features, to look for myself in him," Laura CONTINUED




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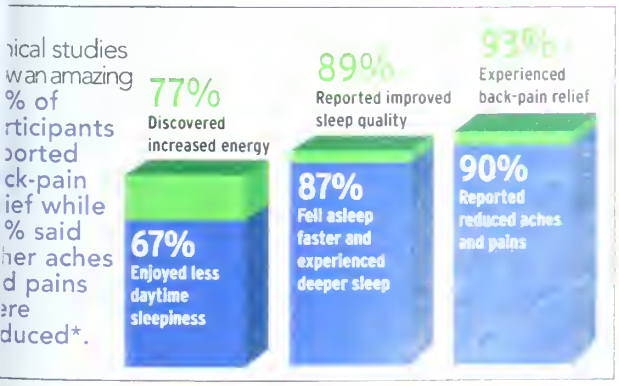
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family front

says. Later, Noe showed Laura a picture of himself taken when he was 5 years old. He looked exactly like the little Maryland girl who always colored herself brown in pictures.

A few months later, Laura's persistent childhood questions—"Who do I look like? Where am I from?"—were answered in a profound way: She went to a Vasquez family gathering and met, all at once, 150 people who looked a lot like her. "They were so glad to have me in the family," Laura marvels. "I just felt complete acceptance." When she met Noe's mother, the old woman took Laura by the hand and said, "I have prayed for 31 years that you would come back."

Noe is not a complainer; the natural optimism that had once enriched him that he and Sarah could overcome an entire town's entrenched racism made him downplay, years later, the gravity of his worsening diabetes. But by the spring of 2003 his kidneys were shutting down. One day in April, Noe's doctor told him it was time for dialysis, an outpatient procedure performed several times a week that filters the blood artificially. The goal of dialysis is often to buy the patient enough time for a kidney to be found. But with 58,000 Americans on the waiting list for a transplant, the chances of finding an organ in time are dismal. "Suddenly I realized that he was going to die," Laura says. "I'd finally found my father, and I was about to lose him again."

Instantly, she volunteered to be Noe's donor. "Can't I give you a kidney?" she asked. "I'm your daughter; wouldn't I be a match?"

Noe was shocked; he urged his daughter to reconsider: "You have to find out the risks—I won't let you do anything that puts your health in jeopardy." But Laura was adamant. "You're my father. Helping you would be a great blessing to me."

The rest of Laura's family wasn't so sure about that. Gayle Barnes voiced the fear they all felt: "What if Laura inherits Noe's diabetes and she needs that kidney herself some day?"

The family began to research transplants, and what they discovered was reassuring: Most donors suffer no long-term consequences from the surgery. For the rest of their lives they must drink plenty of water.

mit alcohol, and avoid certain medications, such as ibuprofen, that are hard on kidneys. But Laura had already made many of these lifestyle choices. Virtually a vegetarian, Laura was also a distance runner in supreme physical health, an ideal candidate for surgery. And should she ever need a kidney transplant herself, as a donor she would go to the top of the waiting list.

One other fact about Noe's particular case convinced Laura that she was an ideal candidate for the operation—so ideal it seemed to her that God himself was sending a message. To be covered under veterans' benefits, Noe's transplant had to be performed at a VA hospital. He was assigned to one in Nashville. Though Noe's other adult daughters offered to be tested for compatibility, they would have found it difficult to take the necessary eight weeks off from work, later traveling back and forth to Nashville for post surgical care. Laura, who had recently quit her job to be a full-time mom, was the natural choice. After a two-month testing process for compatibility, she finally got the go-ahead.

In every way, the surgery performed that July was a success. Within days, Noe's blood-sugar levels stabilized, his blood pressure dropped, and his energy began to return. But the transplant helped heal other wounds, too. Noe says that his long hospital stay finally gave Sarah the chance to apologize for disappearing from his life 37 years before, and for him to offer his forgiveness. And the transplant also helped Laura's adopted mother understand her daughter's feelings. "Until this happened, I don't think I understood how much love Laura was capable of," Gayle says. "I'm so proud of her."

As for Laura, her physical recovery went more rapidly than anyone could have predicted. "By four weeks out, she was literally up and running," says John. But she wasn't left unchanged. "I feel whole, healthier than I've ever felt in my life," Laura says. "I feel closer to my husband and to my children. I feel closer to my parents—all of them—than I ever dreamed I would be able to feel. God gave me this opportunity to help my father; I had no idea how much it would heal me, too."






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BOOST YOUR MOOD *NOW*

It may sound silly, but happiness is taken seriously by the members of the Secret Society of Happy People, so seriously that they declared August the month to acknowledge it. To celebrate, try taking their Happiness Challenge, which involves writing your happiest moment each day—anything from fitting into your "skinny jeans" or watching your daughter pet a puppy. Recording happy moments—even just thinking about them—may do more than just help you savor them. In a study at Eastern Washington University in Cheney, Washington, participants who were asked to simply think of a person they were grateful for reported an immediate and significant boost in their mood compared with those who were asked to think about more mundane things, such as the dimensions of their living room. So far 19 states have officially proclaimed August 8 as the day to recognize happiness. To find out if you live in a "happy" state or a "stick in the mud" one, go to *www.sohp.com*. *—Betsy Stephens*

His and Her Memory

If your husband swears he can't remember what the striking blond from the restaurant the night before was wearing, chances are he's telling the truth. In fact, *you're* likely to remember more about her appearance than he is, according to a study from Ohio State University.

Researchers there directed 120 men and women to take part in role-playing exercises, such as conducting a mock job interview or discussing works of art. Afterward, the participants were asked to describe their partner's hair, clothes, shoes, and accessories such as jewelry. Researchers found that women did a better job of describing what their partner looked like than men. Women have this advantage, speculates study leader Terrence Horgan, a research fellow in psychology at Ohio State University because they are more people oriented. This may cause them to pay more attention to appearances, which in turn helps them collect clues about the personalities of others.

Interestingly, women's knack for such detail is not all about what people wear. In a follow-up study, Horgan and his research team found that women also had a superior memory for nonverbal communication cues, such as crossed legs or arms. Both genders tied in remembering what was said.

—Catherine Valenti

When Money *Won't* Buy Happiness

What would you do if you won the lottery? Go on a shopping spree? Buy a new car? At the very least, you'd be very happy, right? Yes, but not as happy as you'd be if you earned the cash yourself, say researchers at Emory University in Atlanta.

Researchers there monitored the brain activity of 26 men and women playing a computer game. When participants had to press a button to score cash, their brain's striatum, a reward center that identifies what's important to us, was activated. But when the computer doled out money to the participants automatically, no matter what their performance, the so-called pleasure center did not respond. It's the work leading up to a reward—in other words, earning it—not the reward itself, that activates the brain's striatum, says study researcher Gregory Berns, M.D. *—Megan Cherkezian*

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ROOMS TO DISAGREE

"No," John says, glaring at my latest purchase. "Just . . . no." I want to shout and throw them at him. Why can't I have something in my house that makes *me* happy? But I already know the answer. My husband wants to save me from myself. I'm trying to decorate. He's trying to stage an intervention. It has always been thus.

The objects in question are two plastic lamps shaped like barn owls. The light switch is the beak. Plastic barn-owl lamps are not, strictly speaking, classy. Yet they filled me with joy, as did the collection of wind-up Godzillas lining my bookshelves. Admittedly, the little monsters prevented me from easily reaching my books, but they had a delightful habit of taking a few noisy, mechanical steps by themselves in the middle of the night, thus allowing me to entertain my childhood belief in poltergeists. Who was winding them up? Not me! Spooky! I speak of these objects in the past tense, since they've all been tossed out, thanks to John. Now my decor is staid and painfully Godzilla free.

I know I have bad taste. But it's *my* bad taste, and I wouldn't inflict it on the world at large. Still, John is embarrassed. He has this notion that we are adults, and we should have adult belongings. Not that I'm criticizing his taste. His is fine, if you happen to live in a castle or a hunting lodge. If you live, as I do, in a tiny New York apartment, you want to keep the hulking Jacobean-style armoires and mounted pheasants to a minimum. If I don't get to keep my plastic owls, he can just donate his damn pheasant to the American Museum of Natural History.

Would someone please tell me what other couples do when their taste is so wildly divergent? Does one just cede completely to the other? Do they each just hole up in separate rooms, and put on blinders when they have to cross the threshold into their mate's room? I really don't understand the idea of 'compromise' when it comes to home decoration, because in cases like mine it translates into, "We *both* hate this place."

In the ongoing narrative of my early 40s, titled *Welcome to My Midlife Crisis*, I've been having constant and painful pangs for the days in which I didn't have to consult anyone before bringing home a piece of furniture. I had a stamp-size kitchen and dining room with no table, a bedroom with a futon on the floor and a desk for work. In the living room was a coffee table of a vaguely Southwestern style, a chair from my parents' basement and, on some days, a Tokay gecko lounging on the ceiling. I'd bought him to keep away roaches, and also as a further extension of my nascent Southwestern theme. But I inhabited the only apartment in New York City without a bustling roach population. So to feed the Tokay, I had to buy crickets and let them loose, making my apartment sound on some nights like Waltons' Mountain. Apparently at one point I wasn't fast enough in replenishing the cricket supply, and the gecko disappeared. I imagine it's now eight feet long, albino, and living behind my walls.

Oh, how I long for those days. Right now I have to buy a new living room sofa, and I am bitterly paging through the oh-so-nice Pottery Barn catalog, which my husband loves. But let me tell you this. Soon my 2-year-old sons will be transitioning from cribs to beds. John has found something called the American Heritage series, two solid, antiqued wood behemoths with proper slats and knobs on the corners. I have found two beds shaped like race cars. We'll see who wins.

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BY JUDITH NEWMAN

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"I Can't Stand Her New Husband"



Marcia, 42, school nurse, Portland, Oregon. "Susan and I became close friends in college, and we both married our boyfriends shortly after graduation. Since my husband, Dave, always got along great with her spouse, Jeff, we were the perfect quartet. Even after our kids were born, the four of us would go out at least twice a month. Then, three years ago, Jeff left Susan for another woman. The divorce was awful. It came as a shock not just to Susan, but to Dave and me. We are both still angry with Jeff for the way he acted. Anyway, I helped Susan through that horrible time as best I could.

"Fast forward to last year, when Susan met Joe on Match.com and married him after a two-month engagement. I stood up for her at the wedding, but I already knew I didn't like Joe. Dave and I had gone out with the two of them several times. Joe is loud and tells dumb jokes, and he got sloppy drunk at his own wedding reception. I have no idea what Susan sees in him, and Dave doesn't get it, either. When I broached the subject, she said they have "chemistry." But the problem is that she wants the four of us to go out as often as when she was married to Jeff. Even if I were willing, Dave isn't thrilled. No matter how creative my excuses, Susan is going to figure out pretty fast I don't want to socialize with husband No. 2. How will our friendship survive this?"

The counselor's response. Whenever the cast of characters in a small group changes, the dynamic shifts. In a very real sense, Marcia and Dave are mourning the loss of Jeff and their comfortable threesome. That may be the underlying reason that they are unhappy about going out with Susan and Joe. Marcia seems to have made a sweeping judgment of Joe, based on just a few encounters. Of course Joe didn't endear himself to anyone with his behavior, but being loud and telling bad jokes may reflect nervousness over meeting Susan's close friend. In any case, Marcia should try to see the situation from Susan's point of view. Being a divorcée with children isn't easy, so maybe Joe really fills an important role for Susan at this point in her life. Also, it's crucial to avoid comparisons with Susan's first husband. Over time, a new group dynamic might develop—different from what they had when Jeff was in the picture, but satisfying in its own way.

"There is a chance, though, that Marcia and Dave will find Joe unbearable no matter what. This shouldn't prevent Marcia and Susan from getting together minus the spouses, but Marcia will have to level with Susan. Marcia should tell her pal that though she isn't clicking with Joe, their friendship is important, and she wants to make every effort to keep Susan in her life. Admittedly, this is painful for Marcia to say and for Susan to hear, but if the friendship is as deep as it sounds, they should be able to go on from there."

BY SONDRA FORSYTH

The story told here is true, although the names and other details have been changed to conceal identities. The counselor, Kathleen A. Brehony, Ph.D., is the author of *Living a Connected Life: Creating and Maintaining Relationships That Last*, and a licensed clinical psychologist with private practices in both North Carolina and Virginia.

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The Simple Secret to Happiness!

Sometimes it's smart to be downright silly. It turns out that the pleasures you knew as a child can lead to your most profound joy as an adult

BY SUSAN KORONES GIFFORD

As an adult, I've experienced deep, rich, sometimes even complex pleasures. I've fallen in love and fallen into long, lively conversations with quick and intelligent friends. I've cradled babies, comforted toddlers and received massive, satisfying hugs from my growing children. I've drunk fine wines and savored gourmet dishes in elegant restaurants. Believe me, it all feels mighty good. But when it comes to experiencing true joy, well, nothing beats doing Superman.

Here's how it works. My husband lies on his back in bed. I stand in front of him and, with his feet positioned just so on my belly, he lifts me up in the air with his legs. If we get the balance right, I can let go of his hands, put my arms out ahead of me and turn my head from side to side, just like George Reeves in the opening of the old TV show. It feels ridiculous, and ridiculously fun, and it never, ever fails to get me giggling like an 8-year-old.

My Superman moments are pure joy, the kind of joy children feel all the time and adults experience only too rarely. Tap any adult you know, no matter how erudite, and watch her eyes sparkle as she tells you what made her giddy as a kid: sledding, riding bikes until dusk, digging into a full bowl of Halloween candy. My friend Gail, a smart and CONTINUED

accomplished [illegible] mother of two, certainly [illegible] shopping and working [illegible] and arranging [illegible] for large ex[illegible] levels in [illegible] grandparents had [illegible] and I spent my childhood [illegible] off the saltwater [illegible] an outdoor shower," she says. "Now, when we rent a house at the beach, I insist that it have one. Nothing brings me back to childhood more than showering outside and then drip-drying in my robe on the grass."

There's no denying that the education, experience, and proper ID required for grown-up pleasures are great perks of adulthood, but the joys of childhood—like alfresco showers—are incomparably sweet. One reason is the nostalgia for a time that was free of responsibility and full of discovery. "Childhood was a time of firsts," says Edward Hallowell, M.D., a psychiatrist in Sudbury, Massachusetts, and author of *The Childhood Roots of Adult Happiness*. Think back: You might remember the first time you jumped off the high board at the pool; the sleepy summer afternoons you spent mastering the art of gliding on your bike without touching the handlebars; or the days at the ocean when your mother, as mine did, held you in her arms as the incoming waves jostled you up and down.

Such joys can be even greater when experienced as an adult, both because they're so rare and because, unlike children, we're aware of how fleeting they are. "Reliving childhood joys is a step deeper than experiencing them for the first time; you have to recapture and recreate something," says Dr. Hallowell. "It can be bittersweet—joy mixed with sadness. Kathy Franklin, a mom and a vice president at Disney Worldwide Outreach in Burbank, California, agrees. "I know from experience, for instance, that wanting to dress up like a princess morphs quickly into wanting to wear exactly the 'right' clothes to fit in with the cool kids," she says.

Childhood joys bypass the brain and go straight to the heart, the taste buds or the funny bone

The chief advantage childhood joys have over the adult variety is that they tend to be primal—they bypass the brain and go straight to the heart, the taste buds, or the funny bone. They're the ultimate in living in the moment. When I enjoy that fine meal, a good part of the experience is intellectual. I'm thinking, *What is that herb I'm tasting in the soup?* or, *The lamb is fabulous, but is it $29.95 worth of fabulous?* But when I stick my spoon into a jar of Marshmallow Fluff, I don't think a thing except, *Mmmm!* Ditto for running: When I go for a jog (gotta work off the lamb and Fluff somehow), I listen to news radio on my headset, think about my miles, think about my time, think think think. But when I race my son, or try to steal a soccer ball from my daughter, I don't think at all. I just laugh.

Apart from being an enjoyable escape, though, is there any real reason to seek out the silliness of our youth? I mean, we've got families and jobs and laundry to do. Must we really make time for this nonsense? The answer is yes. There are benefits obvious to anyone who regularly reads newspaper reports of studies confirming that happy people are healthier. Just this past year, for example, a Duke University Medical Center study found, after following heart patients for 11 years, that those who had reported happiness, optimism, and joy were 20 percent more likely to be alive than those who had frequently reported more negative feelings. So, certainly, reintegrating joy into your life can be good for your health.

But Dr. Hallowell suggests the psychological benefits are even more critical. Behaving "childishly" is not only invigorating, it also reminds you how little you need to be happy. "Someone once said happiness is not having what you want, it's wanting what you have," he says. "Kids are good at this. They can show us that all you need is to be alive to find all kinds of excitement."

And even more glorious, reexperiencing childhood joys can help reignite our dreams. Sadly, as our responsibilities grow, most of us lose a bit of the fire of our childhood, that fabulous flame that allowed us to imagine doing great and exciting things. "There's no reason adults have to lose that," says Dr. Hallowell, who suggests that a visit to childhood activities can help revive it. "Maybe you need to go back in your mind, or even physically go to the street you played on or the house you lived in to get that fire started again."

So if childhood joys are so good and so good for us, then we shouldn't wait until they fall into our laps—we should go out and make them happen. Parents have it CONTINUED

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easy because being around children provides [illegible] road map to your own [illegible]. The desire to skate [illegible] childhood joys—anything from [illegible] into the swimming pool to rolling Silly Putty apart just the right way so it makes that satisfying pop—gives us an opportunity to indulge in them again. If you don't have a child of your own, borrow one for the day. (Most of us parents are more than happy to oblige any trustworthy adult who offers to whisk our children off for a few hours.) Don't think of it as baby-sitting, but as having a play date. When you've finished pushing the swing, grab one for yourself and pump, baby, pump. Go as high as you can, higher than you did when you were little and didn't have quite as much body weight to propel the swing. Now, how does that make you feel?

There are countless other ways to revive the joys of your own early days. Start by writing them down, says Hallowell. Then act: This summer, go back to an amusement park and ride the teacups, the roller-coaster, the merry-go-round. Come fall, head to the store and stock up on "school" supplies for your office.

You can also rediscover what's funny about being silly. If your sense of humor has become a tad sophisticated, trade in *The New Yorker* cartoons for *SpongeBob SquarePants*. Watch as many episodes as it takes to appreciate it. As adults, we've worked hard to become discriminating about our entertainment. Kids don't have that self-censoring impulse—they just let the laughs rip. Clearly, they're onto something. "Childish" humor is essential, basic and consistent through the ages," says Dr. Hallowell. Go for whatever makes you giggle. Drop your oh so-mature disdain of bathroom humor. Shakespeare found flatulence funny, so why shouldn't we? Go ahead, get that whoopee cushion. You know you want it.

Speaking of whoopee cushions, don't underestimate the value of toys for joys. Though kids can help you uncover the joy buried under years of adulthood, they're not an absolute necessity. Play Mad Libs, Parcheesi or Pictionary with a group of adults.

> Men seem to have ready access to their inner child. Maybe it's because most of them worry less than women do.

Do include your spouse in this project—in fact, take advantage of him. Men seem to have ready access to their inner child. Maybe it's because most of them worry less than women do. Whether they're throwing a child into the air or pointing their skis down a precipitous slope, men don't automatically think, *Someone could get hurt!* Or maybe it's just because they're so famously reluctant to ever part with their inner child. Whatever the reason, tapping into his juvenile side shouldn't be hard. Of course, some guys need prompting, particularly if they're accustomed to acting all grown-up around you.) Surprise him by picking up some squirt guns at the supermarket and ambushing him one afternoon, or by aiming a snowball at him this winter, when you know he needs a break from shoveling. Suggest a leisurely bike ride [illegible] a take no-prisoners game of Ping-Pong [illegible] he's the competitive type), or head back to the intimate, comforting joys of being read to by deciding on a book you'll read aloud to each other at bedtime.

And for goodness sake, alone time, especially with the one you love, [illegible] occasionally for pleasure, abandoning all thoughts of calorie and carb counts. One of the finest restaurants in New York City, The Four Seasons, understands the power of the culinary throwback. There, patrons celebrate special occasions with a big plate of cotton candy. "People love it," says the assistant pastry chef, John Chang. "It's not something they get to eat very often and it brings back a lot of memories." For me, the memory resides in a rectangle of graham cracker dipped in a glass of milk just the right amount of time (in too long, and hello, the cookie dissolves).

How you decide to resurrect the joys of childhood is, of course, a highly personal decision, and one I recommend you pursue as often as possible. Along the way, as research suggests, you may boost your immune system or protect your heart. Moreover, you may decide it really isn't too late for you to try to write a novel, visit Paris, hike the Appalachian Trail or tackle any of the myriad dreams you once nurtured and believed could come true. At the very least, as you rediscover your own version of Superman, you'll giggle and grin like a little kid, which, when you think about it, is plenty.

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DHD doesn't take e summer off.



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You may think Attention-Deficit/Hyperactivity Disorder (ADHD) only affects your child's life at school. But the fact is that ADHD affects many aspects of your child's life besides school—like time with family and friends, not to mention all those activities children's summers are full of. So what better time than right now, this summer, to ask your doctor about non-stimulant Strattera? Strattera is the first and only FDA-approved non-stimulant ADHD medication. It effectively treats ADHD symptoms all day and even into the evening.

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See prescribing information on adjoining page.

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What is STRATTERA?

STRATTERA is a prescription medicine used to treat Attention-Deficit Hyperactivity Disorder (ADHD). STRATTERA contains atomoxetine hydrochloride, a selective norepinephrine reuptake inhibitor. Your doctor has prescribed this medicine as part of your overall treatment plan to control your symptoms of ADHD.

What is ADHD?

ADHD is a medical condition of symptoms inattention hyperactivity, and impulsiveness. Symptoms of inattention include not paying attention, making careless mistakes, not listening, not finishing tasks, not following directions, and being easily distracted. Symptoms of hyperactivity and impulsiveness include fidgeting, talking excessively, running around at inappropriate times, and interrupting others. Some patients have more symptoms of hyperactivity and impulsiveness while others have more symptoms of inattentiveness. Some patients have all 3 types of symptoms.

Symptoms of ADHD in adults may include a lack of organization, problems starting tasks, impulsive actions, daydreaming, daytime drowsiness, slow processing of information, difficulty learning new things, irritability, lack of motivation, sensitivity to criticism, forgetfulness, low self-esteem, and excessive effort to maintain some organization. The symptoms shown by adults who primarily have attention problems but not hyperactivity have been commonly described as Attention-Deficit Disorder (ADD).

Many people have symptoms like these from time to time, but patients with ADHD have these symptoms more than others their age. Symptoms must be present for at least 6 months to be certain of the diagnosis.

Who should NOT take STRATTERA?

Do not take STRATTERA if

- you took a medicine known as a monoamine oxidase inhibitor (MAOI) in the last 2 weeks. An MAOI is a medicine sometimes used for depression and other mental problems. Some names of MAOI medicines are Nardil® (phenelzine sulfate) and Parnate® (tranylcypromine sulfate). Taking STRATTERA with an MAOI could cause serious side effects or be life-threatening.
- you have narrow angle glaucoma, an eye disease.
- you are allergic to STRATTERA or any of its ingredients. The active ingredient is atomoxetine. The inactive ingredients are listed at the end of this leaflet

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- have or had liver problems. You may need a lower dose.
- have high blood pressure. STRATTERA can increase blood pressure.
- have problems with your heart or an irregular heartbeat. STRATTERA can increase heart rate (pulse)
- have low blood pressure. STRATTERA can cause dizziness or fainting in people with low blood pressure

Tell your doctor about all the medicines you take or plan to take, including prescription and non-prescription medicines, dietary supplements, and herbal remedies. Your doctor will decide if you can take STRATTERA with your other medicines.

Certain medicines may change the way your body reacts to STRATTERA. These include medicines used to treat depression [like Paxil® (paroxetine hydrochloride) and Prozac® (fluoxetine hydrochloride)], and certain other medicines (like quinidine). Your doctor may need to change your dose of STRATTERA if you are taking it with these medicines.

STRATTERA may change the way your body reacts to oral or intravenous albuterol. If drugs with similar actions, but the effectiveness of these drugs will not be changed. Talk with your doctor before taking STRATTERA if you are taking albuterol.

How should I take STRATTERA?

- Take STRATTERA according to your doctor's instructions. This is usually taken 1 or 2 times a day (morning and late afternoon/early evening).
- You can take STRATTERA with or without food.
- If you miss a dose, take it as soon as possible, but do not take more than your total daily dose in a 24-hour period.
- Taking STRATTERA at the same time each day may help you remember.
- STRATTERA is available in several dosage strengths: 10, 18, 25, 40, 60 mg.

Call your doctor right away if you take more than your prescribed dose of STRATTERA.

Other important safety information about STRATTERA

Use caution when driving a car or operating heavy machinery until you know how STRATTERA affects you.

Talk to your doctor if you are:

- pregnant or planning to become pregnant
- breast-feeding. We do not know if STRATTERA can pass into your breast milk

What are the possible side effects of STRATTERA?

The most common side effects of STRATTERA used in teenagers and children over 6 years old are:

- upset stomach
- decreased appetite
- nausea or vomiting
- dizziness
- tiredness
- mood swings

Weight loss may occur after starting STRATTERA. It is not known if growth will be slowed in children who use STRATTERA for a long period of time. Your doctor will watch your weight and height. If you are not growing or gaining weight as expected, your doctor may change your treatment of STRATTERA.

The most common side effects of STRATTERA used in adults are:

- constipation
- dry mouth
- nausea
- decreased appetite
- dizziness
- problems sleeping
- sexual side effects
- problems urinating
- menstrual cramps

Stop taking STRATTERA and call your doctor right away if you get swelling or hives. STRATTERA can cause a serious allergic reaction in rare cases.

This is not a complete list of side effects. Talk to your doctor if you develop any symptoms that concern you.

General advice about STRATTERA

STRATTERA has not been studied in children under 6 years old.

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use STRATTERA for a condition for which it was not prescribed. Do not give STRATTERA to other people, even if they have the same symptoms you have.

This leaflet summarizes the most important information about STRATTERA. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information on STRATTERA that is written for health professionals. You can also call 1-800-LILLY-RX (1-800-545-5979) or visit our website at www.strattera.com.

What are the ingredients in STRATTERA?

Active ingredient: atomoxetine.

Inactive ingredients: pregelatinized starch, dimethicone, gelatin, sodium lauryl sulfate, FD&C Blue No. 2, synthetic yellow iron oxide, titanium dioxide and edible black ink.

Store STRATTERA at room temperature.

This patient information summary has been approved by the US Food and Drug Administration.

Literature revised January 9, 2004

PV 3741 AMP

PRINTED IN USA

Lilly **Eli Lilly and Company**
Indianapolis, IN 46285

www.strattera.com

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Cottage Comforts



reate an inviting ambience with accessories inspired by nature. Whatever your design preference, artwork, graceful tables, flower-filled baskets and vases add warmth and style to your home. At *left*, picture perfect hydrangeas atop the mantle give your room the sense of summer all year long. Each print features showy clusters of blooming flowers, in soft white and rosy pastel, emerging from colorfully designed pots. Each of the 14×16-inch prints is double matted, mounted under glass, and framed in gold-toned wood. The price for the set is $49.95, plus shipping, handling, and sales tax. Please specify LAE401109.

TO ORDER: Call **1-800-763-6393** or visit us online at **www.lhjcatalog.com**. Shipping, handling, and tax, if applicable, will be added to the prices shown.





Ready for afternoon tea? These resin teacup-and-saucer bird feeders are perfect for winged diners. Each hand-painted set includes a pole for staking. Feeders measure 5 to 8 inches wide and 46 inches high. The price is $22.95 each. Specify LAE300749 for the Monarch Butterfly Teacup *(far left)*; and specify LAE302901 for the Morning Dragonfly Teacup *(left)*.

Just add birdseed to this handsom feeder *(above)* and you'll attract a variety of feathered friends to your garden. Featuring floral edging and a distinctive dragonfly ornament, th feeder is handmade of cast alumin and rests on a detachable pole. It measures 9 inches in diameter and 16½ inches tall. The price is $28.9 Specify LAE300053.

TO ORDER: Call **1-800-763-6393** or visit us online at **www.lhjcatalog.co**
Shipping, handling, and tax, if applicable, will be added to the prices shown.

ReaderShopping

All-Purpose Totes

Simple and functional, these wire baskets work well for toting napkins, flatware, and other essentials to the table—indoors or out. Or, try them in the bath for guest towels or vanity-top essentials. With six pots and a wooden handle, the antique white tote (*right*) is 12×8¼×11½ inches. With fanciful wire scrollwork, looped legs for height, sturdy handle, and eight dividers, the black tote (*below*) is 19×10×13 inches. Specify LAE402008 for white tote ($36.95); specify LAE405399 for black tote ($27.95).





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100% REAL GRATED PARMESAN NO FILLERS

Easy Parmesan Garlic Chicken

Prep: 5 minutes
Total Time: 30 minutes

Ingredients:

- 1/2 cup KRAFT® 100% Grated Parmesan Cheese
- 1 envelope GOOD SEASONS® Italian Salad Dressing Mix
- 6 boneless, skinless chicken breast halves (about 2 lbs.)
- 1/2 tsp. garlic powder

1. MIX cheese, garlic powder, and salad dressing mix.
2. MOISTEN chicken with water; coat with cheese mixture. Place in shallow baking dish.
3. BAKE at 400°F for 20 to 25 minutes or until chicken is cooked through. Makes 6 servings.

2 grams of carbs per serving. If you're counting carbs, count calories too.

Nutritional Information Per Serving: 230 calories, 7g total fat, 3g saturated fat, 680mg sodium, 2g carbohydrate, 37g protein.



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Comprehensive State-of-the-Art Cardiovascular Care for Women

UC Davis Women's Cardiovascular Health Program

[illegible] leading cause of [illegible] American women. In fact, [illegible] woman who dies [illegible] cancer, 10 will lose their [illegible] to heart disease. Surprised? You're not alone. According to the American Heart Association, less than 50 percent of women are aware of the deadly risk posed by heart disease.

The good news is that heart disease is largely preventable — through patient education, screening and gender specific care. "Heart disease is different for women than it is for men," explains Amparo C. Villablanca, M.D., cardiovascular medicine specialist and director of the Women's Cardiovascular Health Program at the UC Davis Medical Center. "There are a number of well-known risk factors that have greater relevant risk for women than men.

"It has been shown, for example, that women with diabetes have a risk for developing heart disease that is two-to-three times higher than the risk associated with diabetic men. And the symptoms women may experience with heart disease are different, as well," Dr. Villablanca continues. "Often, women's symptoms can be more subtle, which often leads to under diagnosis, poor treatment and worse outcomes."

At the UC Davis Women's Cardiovascular Health Program, Dr. Villablanca and her colleagues are working hard to change the way heart disease in women is treated. One of the first centers in the nation specifically dedicated to women's cardiovascular care, the UC Davis Women's Cardiovascular Health Program provides women with the gender-specific treatment necessary for optimal health and ultimately survival.

"We look at women throughout their life cycles," says Dr. Villablanca. "By interacting as an interdisciplinary group of primary healthcare providers we can deliver cardiovascular care tailored to the specific needs of each woman we treat.



Amparo C. Villablanca, M.D., cardiovascular medicine specialist and director of the Women's Cardiovascular Health Program at the UC Davis Medical Center.

"Our mission is parallel with the mission of the UC Davis Medical Center, inland California's only academic medical center," Dr. Villablanca says. "Our goal is to provide valuable patient education, outstanding patient care, innovative research and positive community service." True to its mission, the UC Davis Women's Cardiovascular Health Program has established links with a variety of local community organizations, medical groups and state government health care agencies. What's more, the Governor of California has singled it out for distinction in patient care.

- Specialty cardiovascula[r] medicine
- Primary care in wome[n's] health
- Risk factor analysis an[d] intervention
- Diagnosis and treatme[nt] lipid disorders
- Gynecological evaluat[ion] and screening
- Mammography and pa[p] smears
- Dietary intervention, smoking cessation, exe[rc] training and stress reduc[tion]
- Patient teaching and educational sessions
- Women's mental healt[h] services
- Participation in wome[n's] cardiovascular research studies at UC Davis

UCDAVIS
WOMEN'S CEN[TER]
FOR HEALTH

More women than men die from heart disease every year. But it doesn't have to be that way. T[o] protect your heart — and your life — make UC Davis Women's Cardiovascular Health Program your partner in a heart healthy lifestyle. For mo[re] information, call 1-800-2UCDAVIS today. For detailed patient information, visit the Website a[t] www.ucdmc.ucdavis.edu/cardiology/wcvhp.htm

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Celebrate Your Inner and Outer Beauty, Together

There is nothing like sharing beauty secrets with your girlfriends to bring you closer. Well, we've got a few secrets to share that will help all of you look and feel great — inside and out.

(Psst! Feel free to pass them along.)

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Clairol Natural Instincts Haircolor

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Win A Friends' Spa Weekend. If you're the lucky winner, you and a friend are off to a luxury resort for an extravagant weekend of spa treatments, relaxation and super bonding!

To enter, send your name, phone number and address to Bond Over Beauty Sweepstakes, c/o Ladies' Home Journal, 125 Park Avenue, New York, NY 10017 or enter online www.lhjpromo.com/bondoverbeauty

See page 162 for rules



bond over beauty

Take a Break From Damaged Hair

Your friends will love you for sharing t great tip! If running a comb through your h produces breakage, there is a secret weap on the market. Dove Shampoo & Conditio delivers 99% fewer broken hairs than ordin shampoos as it is packed with a combinat of 15 Weightless Moisturizers™ that work protect your hair, leaving it softer, smooth and full of life.

Dove HAIR CARE

HOW DO YOU KNOW WHICH DOVE HAIR CARE PRODUCT IS RIGHT FOR YOU? Just locate your hair type in the Dove Hair Care Solutions Finder below!

DRY OR DAMAGED HAIR

TRY: Intense Moisture Shampoo & Conditioner (Also available as a 2 in 1 Shampoo)

BENEFITS: Hydrates and replenishes to restore dry hair

FINE OR THIN HAIR

TRY: Extra Volume Shampoo & Conditioner (Also available as a 2 in 1 Shampoo)

NEW: Extra Volume Foam Conditioner

BENEFITS: Lightweight foam conditioner for in-shower use that disappears into hair as applied to add superior volume* and replenish natural moisturizers

NORMAL TO OILY HAIR

TRY: Beautifully Clean Shampoo (Also available as a 2 in 1 Shampoo)

BENEFITS: Cleans and de-tangles hair, without leaving a build-up

MEDIUM TO THICK COLOR-TREATED HAIR

TRY: Moisture Rich Color Shampoo & Conditioner

BENEFITS: Color protect [illegible] and smoothes [illegible] treatment

FINE, THIN COLOR-TREATED HAIR

TRY: Volumizing Color Shampoo & Conditioner

NEW: Volumizing Color Foam Conditioner

BENEFITS: Lightweight foam conditioner for in-shower use. Adds superior volume* and replenishes natural moisturizers. Antioxidants and UV protectants help maintain color brilliance

SEVERELY DRY OR DAMAGED HAIR

TRY: Intense Daily Conditioning Treatment

BENEFITS: Intensely hydrates and helps repair severely damaged hair for superior manageability

ECKERD

A BEAUTY OF A DEAL

Get a **$5 Eckerd Gift Card** when you purchase any product featured in this section. Send your Eckerd receipt, along with your name and address to: Bond Over Beauty, c/o Ladies' Home Journal, 125 Park Avenue, New York, NY 10017 (While supplies last. Please allow 4–6 weeks for delivery)


Can your hair pass the comb test? If running a comb through wet hair isn't as easy as this, you're not using Dove® Intense Daily Conditioning Treatment. With penetrating moisturizers, it's the most intense deep therapy available. This is superior manageability for dry, damaged hair. From Dove. dove.com
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CONDITIONER
Intense Daily
Conditioning
Treatment

Secrets To Healthy Living



Shape Up And Catch Up

When you've got a busy schedule, sticking to a workout routine can be tough. A great way to make sure you continue with your exercises is to get yourself a workout partner. Exercising with a friend on a regular basis will not only keep you motivated, but it also creates found time to catch up and stay connected. Plus, there's nothing like a little gossip to get you through those extra ab crunches!

Indulge Yourself Guilt-Free With Carbolite™ Treats

Summer snacking just got a whole lot more delicious and a lot less guilty with Carbolite treats. Available in cookies, chocolates, shakes and snacks — they are the low-carb alternative to your favorite snack foods. You'll love the rich taste, and best of all, Carbolite will keep your cravings satisfied and your diet on track. The only guilt you'll feel — telling your friends to get their own.

ECKERD

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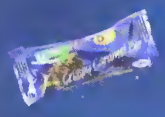
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Chocolate



Cereal Bars



Candies



Shakes

Only Tastes Like Cheating



Haircolor Happy

Shiny hair and healthy hair are happy friends with Natural Instincts® by Clairol – the first and only more reward haircolor. Made with 100% pure aloe, [illegible] and NO ammonia, Natural Instincts® fresh color formula [illegible] and boost shine. Your hair will be healthier-looking than [illegible]



NATURAL instincts®

Summer Color Secret

It's summer. You want to spend time with your friends and family outdoors, but your color-treated hair has other ideas. Sun exposure can be brutal, causing color to fade or even turn brassy. The best defense? Protect your luscious locks with a cute hat or scarf. A little cover is your hair's best friend when you are spending any time in the sun.

Brighten Your Day
(And Your Haircolor!)

Blondes, brunettes and redheads ALL have more fun when they color their hair together! At-home color treatments are a great excuse to spend some quality time with a friend. So let the conversation flow and your hair glow with a haircolor buddy!

ECKERD

A BEAUTY OF A DEAL

Get a **$5 Eckerd Gift Card** [illegible] purchase any product featured in this section. Send your Eckerd receipt, along with your name and address to: Bond Over Beauty, c/o Ladies' Home Journal, 125 Park Avenue, New York, NY 10017 (While supplies last. Please allow 4-6 weeks for delivery.)



mind-body-beauty in perfect balance

Clairol Natural Instincts invites you to experience it all at our Find Your Balance Festivals, a full day filled with the best in beauty and fitness brought to you exclusively by the #1 no more re ward* haircolor Yoga with Mariel Hemingway, Founder of Yoga Journal and Runner's World.

ENTER THE FIND YOUR BALANCE SWEEPSTAKES. Hundreds of prizes! One Grand Prize Winner gets a weekend trip for two to the Find Your Balance Festival and a private yoga session with Mariel.

clairol.com/findyourbalance

FIND YOUR BALANCE

yoga JOURNAL

NATURAL instincts®

*Vs. unpigmented hair

CLAIROL

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PANTENE
PRO-V
in thickness
and in heal
new
Full &
Thick
created for thinning hair:
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Ask the Beauty Director

Q: I'm looking for a face wash that really works on my skin, which is oily in some spots, dry in others, and has large pores. Any suggestions?

Becky, Climax, Minnesota

A: Solve your skin woes by choosing a gentle cleanser designed to unclog pores, which will freshen combination skin without stripping it of crucial facial oils. Lucky for you, there are plenty of effective products. Bioré Pore Perfect Daily Deep Pore Cleansing Cloths ($6.99) come in no-water-necessary wipes, and Purpose Gentle Cleansing Wash ($5.99) is soap-free, so it's great for sensitive skin. Or try Dove Daily Exfoliating Cleanser ($6.49), which lathers with tiny microbeads, perfect for sloughing off excess skin.



Beauty Director Patricia Reynoso

PRESTO! Perfect Legs

For those 90-degree days when pantyhose are punishment—but bare legs are too casual—reach for Sally Hansen Airbrush Legs ($9.95). The spray evens out skin tone, covers spider veins, and leaves a more matte finish than self-tanners. Your gams will look Hollywood-flawless all day. Another good option is Air Stocking Premier Silk ($28), which creates a look nearly identical to actual hose. Plus, it's water-resistant—it won't budge until you wash it off. Since both products come in several shades, just spray on the color that matches your skin tone best and blend for smooth, sexy results.



SMART BEAUTY SHOPPER

Test Drive Your Skin Care

Wish you could test a selection of skin creams before buying? Now you can. Many companies offer mini kits of their best-sellers, so you can sample them for a fraction of the cost. Repêchage Sea Spa Travel Kit ($29.50), a seaweed-rich mix of products such as body wash and foot cream, satisfies spa cravings. Burt's Bees Head to Toe Starter Kit ($13) is packed with 12 mini hair, body and skin offerings. For anti-aging, try Dr. Brandt Lineless Travel Kit, which has a scrub, wash, toner, face and hand cream. The kit costs $65, compared with $380 for full-size versions.

PIMPLES, BE GONE

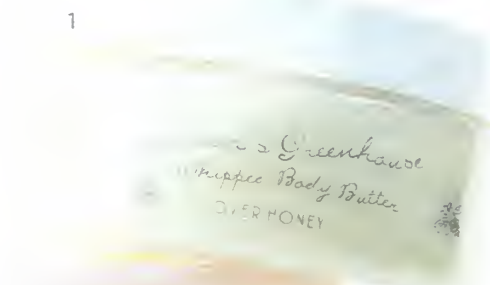
When you get a breakout, instead of just dabbing on cream and praying for nightfall, use your concealer that does double duty: Some concealers harness anti-acne ingredients so you can hide and treat blemishes simultaneously. Almay Clear Complexion Blemish Healing Spot Concealer ($6.49) and Eucerin Essential Pencil ($6.49) contain salicylic acid to fight breakouts and chamomile to soothe. Neutrogena Spot Healing Stick ($5.99) has an acne treatment, camphor and a green tint to cover redness. Or try Lancôme Effacernes Long Lasting Concealer ($24), which contains peroxide to zap zits, plus white clay to absorb oil, and Thermal Protection, which counteracts heat. Give skin two hours to heal before applying makeup.



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Your Silkiest Skin, Ever

Body butters' luscious ingredients make it easy to get touchable, summer-loving skin



1



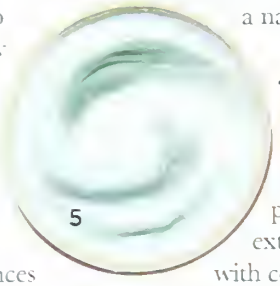
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3



4



5

Your skin-softening regimen is about to get a lot more indulgent, thanks to a flurry of sumptuous body butters. These yummy creams—also called balms or soufflés—put the luxury back into your moisturizing routine.

How do we love body butters? Let us count the ways: They're often packed with fragrant essential oils, which leave delicious scents lingering on your skin but don't evaporate in heat or cause a reaction like perfumes can. Plus, they contain less water and more oil than standard lotions, so limbs stay wonderfully silky all day long. "Body butters are amazingly rich and luxurious, like something you'd find in a spa," says David Klass, co-founder of Archipelago Botanicals. And with fragrances such as cucumber, orchid and papaya to choose from, they're the ultimate summer treat. Apply immediately after showering or bathing to seal in moisture—your skin will thank you.

Patricia's Picks:

1 Archive Gardener | Greenhouse Whipped Body Butter Clover Honey ($15.50) contains macadamia nut and shea butter to leave even the driest skin supple.

2 Elizabeth Arden Red Door Revealed Body Butter ($17.50) has the same sweet orchid scent as Arden's signature fragrance, plus vitamin E for conditioning.

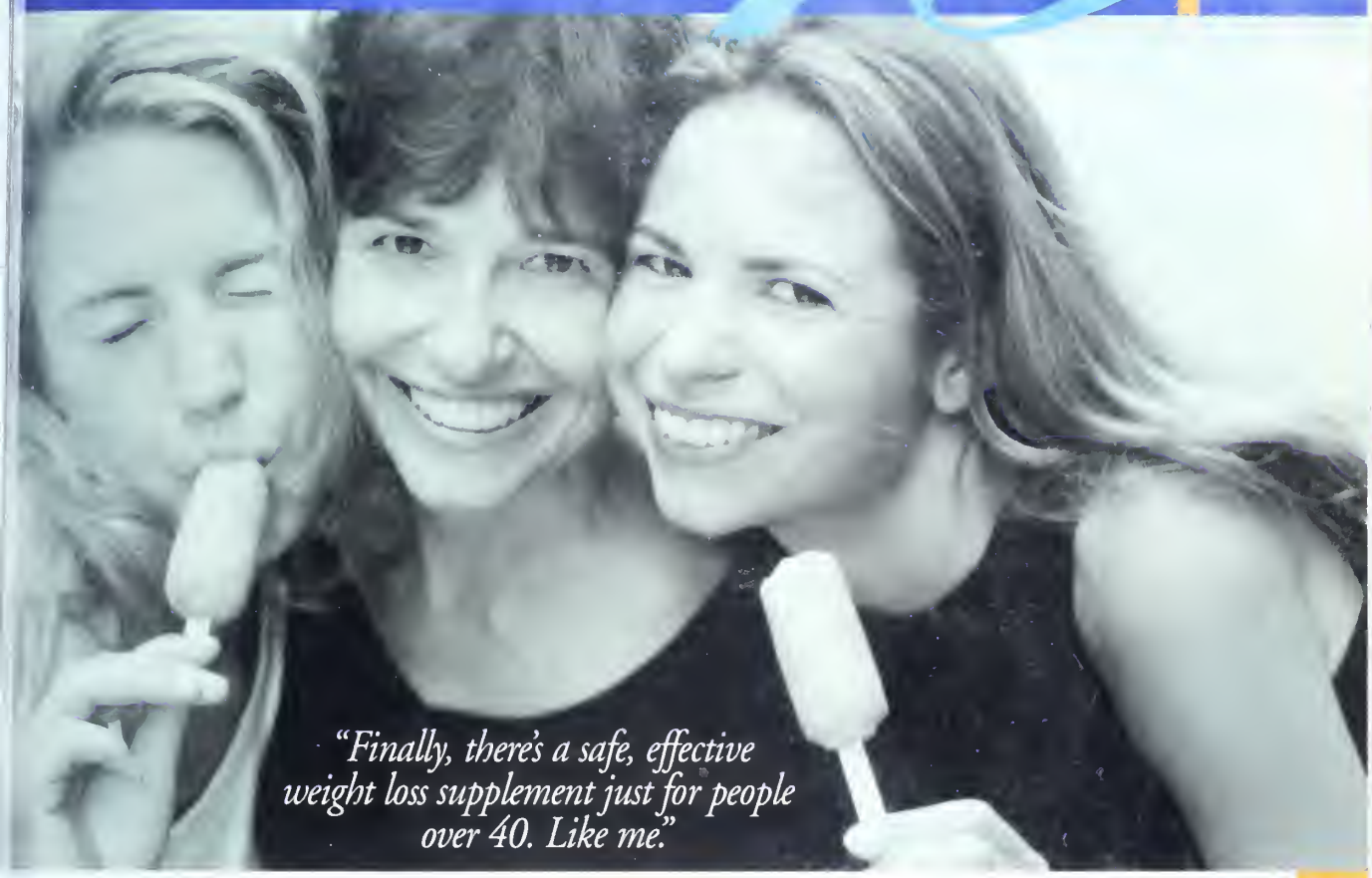
3 Archipelago Sugar Butter for Body Brown Sugar & Vanilla ($25) not only smells divine, but keeps skin smooth with sugar, a natural exfoliator.

4 Calgon Ahh... Spa! Tropical Whipped Body Soufflé ($6.95) gently exfoliates with papaya and mango extracts while hydrating with cocoa butter.

5 Ocean Garden Cosmetics Cucumber Body Butter ($5.99) smells garden fresh, and includes avocado for extra moisture.

LHJ.com Find tips to banish dry skin at: www.lhj.com/softskin

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Born out of the latest anti-aging research, it's the first diet supplement specially formulated to help boost metabolism on a cellular level in adults over 40 for better weight loss results. Xenadrine® 40+ contains a unique combination of active ingredients that work on the cellular level to help move fat out of cells and promote the weight loss process. Stimulant and ephedra free, it's safe, easy, effective and can enhance the results of any diet, especially low carb!

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2004 Cytodyne LLC. Use as directed with a sensible nutrition and exercise program. Read and follow all label instructions before use. Do not use if you are pregnant or nursing. Consult with your physician before taking this product if you have any medical condition, if you are taking any medication, before starting any diet or exercise program.

The Beauty of Blond

Go ahead—release your inner blond! Here, the best shades, and expert tips, for every complexion.



Dear Beauty Director:
"I'm a 31-year-old mother of two. I'd love to go very blond, like Jessica Simpson. But I'm not sure if it would look right: My hair is medium brown and my skin is light. And aren't your eyebrows supposed to match your hair color? I don't want to make a drastic mistake. Help!"

—Nichole Hamilton, St. Simons Island, Georgia

Well, Nichole, you've got plenty of company. We hear from readers in the same quandary all the time. Why the obsession? "People take to heart the classic idea that blonds have more fun," says William George, owner of the James Joseph Salon in Boston. That feeling is compounded by the summer, when blondness and the sun's brightness feel interchangeable, says Dallace, a senior colorist at the Cutler Salon in New York City. "You're not embracing a trend, you're embracing a way of life," she says.

So, which blond shade is right for you? With a little guidance, almost anybody can find one that flatters her coloring. Here, we'll help you find yours.

CONTINUED

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Wake up with
a whole new reason to smile.
a whiter smile for up to 6 months.
Crest Dental Plan.
Crest Healthy, Beautiful Smiles for Life
Crest
NIGHT
EFFECTS
WHITENING

A Blond for All Faces

This [illegible] sexiest [illegible] consists of [illegible] lighter pieces around the face. Rita Hazan, Jessica Simpson's colorist and owner of the Rita Hazan Salon in New York City, loves a sunny feel. "I just made Jessica baby blond, with light pieces in the front and darker color underneath for depth," she says. Even women with dark hair can go lighter by adding honey or strawberry shades (think Jennifer Lopez, another Hazan client).

Worried that blond won't look natural if you're now a brunet? Lightening your natural brown base, then adding subtle blond highlights for contrast mimics the sun's effect. But leave the drastic color changes to the pros. "Don't go more than two shades lighter than your natural color," says Mike Petrizzi, senior colorist at the Antonio Prieto Salon in New York City. "It's a recipe for disaster."

If you think it's impossible to get rich color outside a salon, think again. "I use at-home highlighting kits on shoots," says Giselle, a New York City colorist and spokesperson for Clairol. "They're great for quick color." What to do with your eyebrows? Let them be! "Everyone's brows are naturally darker than their hair," says Giselle. "Dying them often looks artificial." Instead, try thinning them for a lighter feel, says Petrizzi.

5 COLOR CUES

If you want bold highlights: L'Oréal Feria Colour Strands QuickShimmer Highlights ($9.99) develops in 20 minutes and has four shades of brush-on blond to choose from.

If you want subtle highlights: Try Clairol Natural Dimensions Highlighting Kit ($11), which gives you a color-depositing wand for sun-kissed strands.

If you want all-over color: Garnier 100% Color Intense Gel Crème Color ($7.29) gives intense, long-lasting color that's simple to apply, thanks to a no-drip gel-crème formula.

If you want semi-permanent color: Hennalucent Semi-Permanent Hair Color ($4.75) in Blush Blonde adds strawberry tones to blond or light brown hair and lasts six weeks.

If you want very temporary color: Try Roux Fanci-Full Temporary Haircolor Rinse ($9.99) in Tempting Taffy or Golden Spell, which deposits and enhances color, then washes out immediately.

How to Go Golden at Home

1 **Pick a blond that's two shades lighter than your natural color,** as Petrizzi recommends above. If your hair is medium to dark brown, choose warm shades of butter or caramel (think Jennifer Aniston). Lighter brunets and dark blonds should pick colors that are more strawberry (like Drew Barrymore) or ash-toned (like Gwyneth Paltrow).

2 **Choose a formula that suits your needs.** Use a highlighting kit for subtle streaks, semi-permanent dye for low-commitment color that lasts 30 shampoos, and permanent dye for an all-over, more dramatic change.

3 **Ensure that the color will take** (and that the shade is what you're looking for) by testing it on a strand from underneath your hair.

4 **Comb your hair thoroughly** to detangle, then part normally.

5 **Follow directions exactly,** even if you consider yourself a pro. At-home color instructions can vary between kits [illegible]es.

6 **Start in the back of your head and work forward,** saving the hair around your face for last. Since they're more exposed to the elements, and to heat from styling, these pieces are porous and will soak up color easily. Start timing when you finish applying color to the front.

7 **Since some at-home highlighting kits have thinner formulations** than other types of dye, add cornstarch to thicken the product. It won't affect the ingredients but it will make the dye easier to paint on.

8 **Don't rinse out color before the allotted time** since the formula may not have finished its work, running the risk of turning your hair orange.

9 **When ready, rinse thoroughly and then apply the conditioner** included with the kit. This seals in color and repairs any damage.

10 **Repeat every three to six weeks** (three for all-over or semi-permanent color, six for a natural color change or highlights). *—Nadine Haobsh*

LHJ.com **Browse our blond-bombshell slide show at: www.lhj.com/blonds**



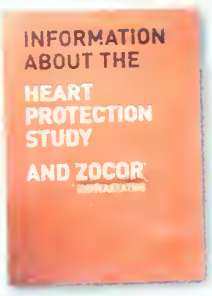
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ZOCOR

Important considerations: ZOCOR is a prescription medicine and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, anyone with liver problems, and people who are allergic to any ingredients of ZOCOR. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Your doctor may do blood tests before and during treatment with ZOCOR to check for liver problems. To avoid serious side effects, discuss with your doctor medicine or food you should avoid while on ZOCOR.

YOUR RESULTS MAY VARY.

PLEASE READ THE MORE DETAILED INFORMATION ABOUT ZOCOR IMMEDIATELY FOLLOWING THIS AD.

ASK YOUR DOCTOR IF ZOCOR IS RIGHT FOR YOU.

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ZOCOR
SIMVASTATIN

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USES OF ZOCOR

WHEN ZOCOR SHOULD NOT BE USED

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or unexplained [illegible]. See WARNINGS.

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she should stop taking the drug and talk to her doctor at once.

Women who are breast-feeding should not take ZOCOR.

WARNINGS

Muscle: Tell your doctor right away if you experience any unexplained muscle pain, tenderness, or weakness at any time during treatment with ZOCOR so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR:

- Cyclosporine, itraconazole, ketoconazole, erythromycin, clarithromycin, HIV protease inhibitors, the antidepressant nefazodone, or large quantities of grapefruit juice (>1 quart daily), particularly with higher doses of ZOCOR.
- Gemfibrozil particularly with higher doses of ZOCOR.
- Other lipid lowering drugs (other fibrates or ≥1 g/day of niacin) that can cause myopathy when given alone.
- Amiodarone or verapamil with higher doses of ZOCOR.

The risk of muscle breakdown is greater at higher doses of simvastatin.

Because the risk of muscle side effects is greater when ZOCOR is used with the products listed above, the combined use of these products should be avoided unless your doctor determines the benefits are likely to outweigh the increased risks.

The dose of ZOCOR should not exceed 10 mg daily in patients receiving gemfibrozil. The combined use of ZOCOR and gemfibrozil should be avoided, unless your doctor determines that the benefits outweigh the increased risks of muscle problems. Caution should be used when using ZOCOR with other fibrates or niacin because these can cause muscle problems when taken alone.

No more than 10 mg/day of ZOCOR should be taken with cyclosporine.

The combined use of verapamil or amiodarone with doses above ZOCOR 20 mg should be avoided unless your doctor determines the benefits outweigh the increased risk of muscle breakdown.

Your doctor should also carefully monitor for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor also may monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

The risk of muscle breakdown is greater in patients with kidney problems or diabetes.

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery and when any major acute medical or surgical condition occurs. Discuss this with your doctor, who can explain these conditions to you.

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR and thereafter when clinically indicated. Patients titrated to the 80-mg dose should receive an additional test at 3 months and periodically thereafter (eg, semiannually) for the first year of treatment.

PRECAUTIONS

Drug Interactions.

- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

[illegible] gemfibrozil and to a lesser extent other fibrates and niacin [illegible]

[illegible] increased with other drugs:

- [illegible]
- [illegible]

[illegible] lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (a type [illegible] have also been reported to increase blood clotting time. Patients taking these [illegible] should be tested before starting therapy with ZOCOR and should continue to be monitored [illegible]

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: Like most [illegible] ZOCOR was required to be tested on animals before it was marketed for human use. Other [illegible] were suggested to achieve higher drug concentrations than humans achieve at recommended dose [illegible] the animals had damage to the nerves in the central nervous system. In studies in mice [illegible] dosing, ZOCOR increased the likelihood of certain types of cancerous tumors, increased the evidence of muta[illegible] damage in genetic material has been seen in 1 study with ZOCOR; there was decreased fertility in [illegible]

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. In studies with cholesterol-lowering agents similar to ZOCOR, there have been rare reports of birth defects of the skeleton and digestive system. Therefore, women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant. If a woman does become pregnant while taking ZOCOR, she should stop taking the drug and talk to her doctor at once. The ingredient of ZOCOR did not cause birth defects in rats at 3 times the human dose or in rabbits at 3 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because there is the potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not breast-feed. WHEN ZOCOR SHOULD NOT BE USED.

Pediatric Use: ZOCOR is not recommended for children or patients under 10 years of age.

Geriatric Use: Higher blood levels of active drug were seen in elderly patients (70–75 years of age) compared with younger patients (18–30 years of age). In 1 study. In other studies, the cholesterol-lowering effect of ZOCOR were at least as great in elderly patients as in younger patients, and there were no overall differences in safety between elderly and younger patients over the 20–80 mg/day dosage range. Of the cases of myopathy/rhabdomyolysis among 10 269 patients on ZOCOR in another study, 4 were aged 65 or older at baseline, 1 of whom was over 75.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well. However, like all prescription drugs, ZOCOR can cause effects, and some of them can be serious. Side effects that do occur are usually mild and short-lived. Your doctor can weigh the risks versus the benefits of any prescription drug. In clinical studies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In 2 large 5-year studies, patients taking ZOCOR experienced similar side effects to those patients taking placebo (sugar pills). Some of the side effects that have been reported with ZOCOR or related drugs are listed below. This list is not complete. Be sure to ask your doctor about side effects before taking ZOCOR and to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain, cramps, and loss of appetite; nausea; inflammation of the pancreas; hepatitis; jaundice; fatty changes in the liver; rarely, severe liver damage and failure; cirrhosis; and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness; joint pain; muscle breakdown.

Nervous System: Dizziness, headache, insomnia, forgetfulness, memory loss; damage to nerves causing numbness and loss of sensation and other abnormal sensations; anxiety; depression; tremor; loss of balance; other disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision; altered taste sensation; progression of cataracts; eye muscle weakness.

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms have been reported to occur either alone or together in groups referred to as a syndrome that appeared to be based on allergic-type reactions, which may rarely be fatal. These have included 1 or more of the following: a generalized reaction that may include shortness of breath, wheezing, digestive symptoms, and low blood pressure and even shock; an allergic reaction with swelling of the face, lips, tongue, and/or throat with difficulty swallowing or breathing; symptoms mimicking lupus (a disorder in which a person's immune system attacks parts of his/her own body); severe muscle and blood vessel inflammation, sometimes including [illegible] various disorders of blood cells that could result in anemia, infection, or blood clotting problems; abnormal blood tests; inflamed or painful joints; hives; fatigue and weakness; sensitivity to sunlight; flushing; difficulty breathing; and severe skin disorders that vary from rash to a serious burn, shedding of skin all over the body, including mucous membranes such as the lining of the mouth.

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities, including elevated alkaline phosphatase and bilirubin; [illegible] abnormalities.

NOTE: This summary provides important information about ZOCOR. If you would like more information, ask your doctor or pharmacist to let you read the prescribing information, then discuss it with them.

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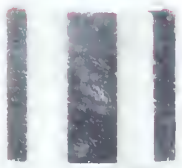
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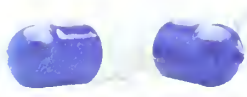
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FORWARD

THE TOP FOUR MAKEUP ESSENTIALS

1. Facial primer. Makeup artists insist that primers, applied after moisturizer and before foundation, not only make the rest of your makeup glide on more smoothly, but also keep your look fresh for hours. So for days where an extra shot of ooh-la-la is a must, primer is worth the extra effort.

2. Foundation. Love it or hate it, foundation is the cornerstone of a well-executed makeup look. But contrary to what you've always heard, you don't need to slather it on like a mask. Only dramatically uneven skin needs complete coverage. "Concentrate foundation only on the areas that need some balancing out, such as your nose, chin and forehead," says Marco Castro, national makeup artist for Nars.

3. Concealer. Concealers, which are thicker than foundations, can cover a multitude of imperfections, including blemishes, redness around the nose and chin, and undereye circles. "Dark circles can age you so much and even make your eye makeup look ashy or gray," says Levi Rollins, director of education for Laura Mercier. To cover up particularly dark undereye circles, makeup artist Trish McEvoy advises choosing thick concealer with a dry texture. Before applying, dot on a thin layer of moisturizing eye cream, she says, since that will help the concealer glide on smoothly. Avoid placing concealer over fine lines (this will only accentuate them) and don't forget about the inner corner of the eye, near the bridge of your nose. "Blend well by dabbing it on with your fingertip, rather than rubbing in; this will actually give you more coverage," explains McEvoy. Use the same technique on blemishes and other spots.

4. Loose powder. "If you use loose powder after foundation and concealer, you'll need to touch up less later," says Castro. First, dip a puff or a sponge (see good choices on page 89) into the powder, tap off the excess and carefully press it onto the skin. Pay extra attention to those areas that tend to get shiny later on, namely the forehead, nose and chin. While applying powder with a big, fluffy brush is certainly quicker, the dab-and-press technique gives you a more finished look. (Save that brush for ridding the face of any extra powder instead.) Finally, remember that it's crucial to use loose powder, not pressed powder, to set your makeup. According to Castro, pressed powder is not fine enough to cover pores evenly.

CREAMY CHEEKS

Your "canvas" is now set and it's time to bring your face to life. For this, we need blushes—and bronzers, too! In fact, bronzers are a year-round staple, since they not only bring warmth to the face but also can be used for contouring. Use a bronzer on its own, or layer underneath blush. Generally, liquid and cream blushes can be applied with your fingers, while powder blush and bronzer require a brush—and that's where we step in.



THE PERFECT FINISH

The right brushes can make or break your look. Here's how to choose the best ones.

For foundation: A foundation brush is great for blending the base into the skin and getting into the smaller nooks and crannies of the face. Makeup artists recommend using a brush when applying stick or cream foundation (which tends to be thicker and needs that extra touch).

Some makeup artists prefer a simpler tool: their fingers. "Fingertips warm the foundation, which helps ease application," says makeup artist Sue Devitt, founder of Sue Devitt Studio makeup. Sheer formulas, such as tinted moisturizers, need only your fingers.

For concealer: The best concealer brushes have nylon bristles, which help to distribute cream makeup evenly. Dab your brush into your concealer



nd dot onto any dark areas. This echnique is especially important vhen covering a blemish, as these spots are too small to cover with your ingers. Remove excess with a sponge and set with powder.

For loose powder: A big, fluffy brush is your best bet for sweeping away excess powder from your face. In a pinch, you can also apply your blush with it.

For blush: The best blush brushes are made of animal hair, which helps grab and distribute the powder evenly. Start by stroking the brush over the blush, tap off the excess and lay the brush flat on the apples of the cheeks, bringing it across to the cheekbone. A fan brush, meanwhile, lightly deposits just a touch of color to the face. It's also ideal for highlighting under the brows. Lastly, an angled brush fits right under your cheekbones, for extra definition.

For bronzer: The combination of a short, thick handle and dense bristles makes the bronzer brush a must-have. The handle gives you a good grip, while the bristles pick up a generous amount of color. After tapping off any excess, sweep it all over your face.

TOOLS OF THE TRADE

1 Nars Eye Brightener, $22. 2 Shu Uemura UV Under Base, $30. 3 Pout Foundation in Biscuit, $30. 4 Lancôme Foundation Sponge, $6. 5 Laura Mercier Eye Basics in Linen, $22. 6 Body & Soul No. 8 Foundation Brush, $25. 7 Essence of Beauty Sponge, $2.99. 8 Beauty Strokes Wet/Dry and Concealer Brush, $9.95. 9 Sephora Sponge, $6 for a set of eight. 10 Victoria's Secret Mosaic Blushing Powder in Mosaic Spice, $17.50. 11 Skin Alison Raffaele Kabuki Powder Brush, $50. 12 Bobbi Brown Blush Brush, $40. 13 MAC #150 Large Powder Brush, $40. 14 T. LeClerc Loose Powder in Banane Argentee, $45. 15 BECCA Bronzer/Shimmer Fan Brush, $35





ELEGANT EYES

We all covet attention-grabbing eyes. Here's how to get 'em, in the blink of a you-know-what.

1. Apply a lid color

Set the stage for the rest of your ey makeup with either a light shade (great for day), or a darker one (ide for a night out). Start on your lid an work shadow up to your crease.

2. Contour your eyelid

Lay shadow in your eye crease in a slightly darker shade than the lid color for depth. Make eyes appear larger by extending the color toward your temples. "Apply shadow in a ci cular motion," says Castro, "not bac and forth, which looks unnatural."

3. Draw the right line

Makeup artists prefer to line eyes wit eyeshadow for a subtle look with staying power. Pencils, though dramatic, can smear easily. Buff any hard edges with a cotton swab.

4. Top it all off with fantastic lashes

Where would a polished makeup look be without full lashes? Nowhere that's where! Makeup artists still adore eyelash curlers, and when lashes are topped by primer and mascara, the effect is downright va-va-voom.

JSCIOUS LIPS

u're near the finish line, so what tter way to end your makeup les- n than with a sexy smacker? A autifully defined mouth—whether a dark color or a light gloss—ties ur whole look together. Here, a few s for getting luscious lips:

p liner: Liner helps define your lips id hold your lipcolor in place. And ith the intense popularity of lip oss, which can wear off in minutes, liners are especially helpful. Rollins commends that you stay within the atural contour of your lip shape. You can enlarge the lip size," he ays, "but don't change the shape." lake sure to line the lips in a color nat matches your lipstick, or cover our top and bottom lip with a pencil a neutral shade, and top it with col- r afterward. Whatever you do, don't et the liner outline remain visible! When the lipliner shows, it looks like ou forgot a step," cautions Jeni Lee, makeup artist in Cincinnati.

THE PERFECT FINISH

Your eyes and lips will be dazzlers with the right brushes.

For base color: Look for an eyeshadow brush with a thick, compact, almost flat head, which will give you an even distribution of color.

For contouring: The narrow head and long bristles of a contouring brush fit nicely in the crease of your eye, making this step a breeze. You can also use this brush to blend away any hard edges and avoid seeing where the lid color ends and the contour color begins.

For lining: A good liner brush has a narrow, stiff edge that you can press into a dark shadow and then carefully press it onto the lash line. (Holding your eyelid up with your finger is helpful.) You'll be impressed with the defined coverage it delivers. Use it wet for even stronger color.

For filling in the lips: A makeup artist won't leave home without a good lip brush, and for good reason: Applying lip colors with a brush ensures that coverage will be even and consistent. (This is especially important when applying dark lipsticks.) Most lip brushes are similar, but look for one with a retractable head, which is great for makeup on the go.

TOOLS OF THE TRADE

rac Triple Play Eyeshadow, $26. 2 L'Oreal eyebrow/lash brush, $5.95. 3 Trish McEvoy #6 Deep Eye Contour Brush, $63. 4 Chanel Contour Shadow Brush, $26. 5 Bella II Fiore Lip Remedy primer, $17. 6 Physicians Formula Automatic Lip Liner in On-the-Nude, $5.95. 7 Tina Earnshaw Flat Liner brush, $18.50. 8 Fresh Lip Brush #35, $25. 9 Smashbox Layer mascara primer, $14. 10 Delux Beauty gloss in Asher, $15. 11 Tweezerman Deluxe Metal Eyelash Curler, $9.



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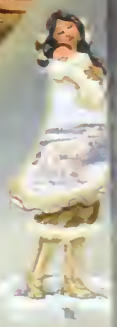
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THIS PAGE: This trim corduroy suit in clay pink boasts a tailored yet feminine shape, reminiscent of classic '40s movie-star style. A vintage floral silk scarf, skinny belt and fitted sweater elegantly update the suit's retro feel. Blazer, $129, skirt, $69, both Ann Taylor. Sweater, Benetton, $49. Belt, Via Spiga, $36. Gloves, La Crai Cuff, Stephan & Co., $24. Bag, Ellen Tracy. Sunglasses, Kate Spade. Scarf, Echo, $8 OPPOSITE PAGE: Left: A herringbone coat over a dusty rose blazer and sma trousers make a perfect work ensemble. Add a broo to the lapel for a polished touch. Coat, $399, pants, $129, both Ann Taylor. Blaz Ann Taylor Loft, $119. Turtleneck, Kenneth Cole, $59. Shoes, Aldo, $69.99. Ba Liz Claiborne, $67. Brooch, Givenchy, $95. Sunglasses, Burberry. Right: Soften a structured jacket and pants with a fluid silk chiffon blou Simple yet bold jewelry, like these chunky tortoise beads deliver office style, too. Jack True Meaning, $198. Cardiga Banana Republic, $78. Top, DKNY, $89. Pants, Lila, $170 Shoes, Aerosoles. Necklaces both RJ Graziano. Bag, Kenneth Cole. Sunglasses, Kate Spade. Gloves, La Cra

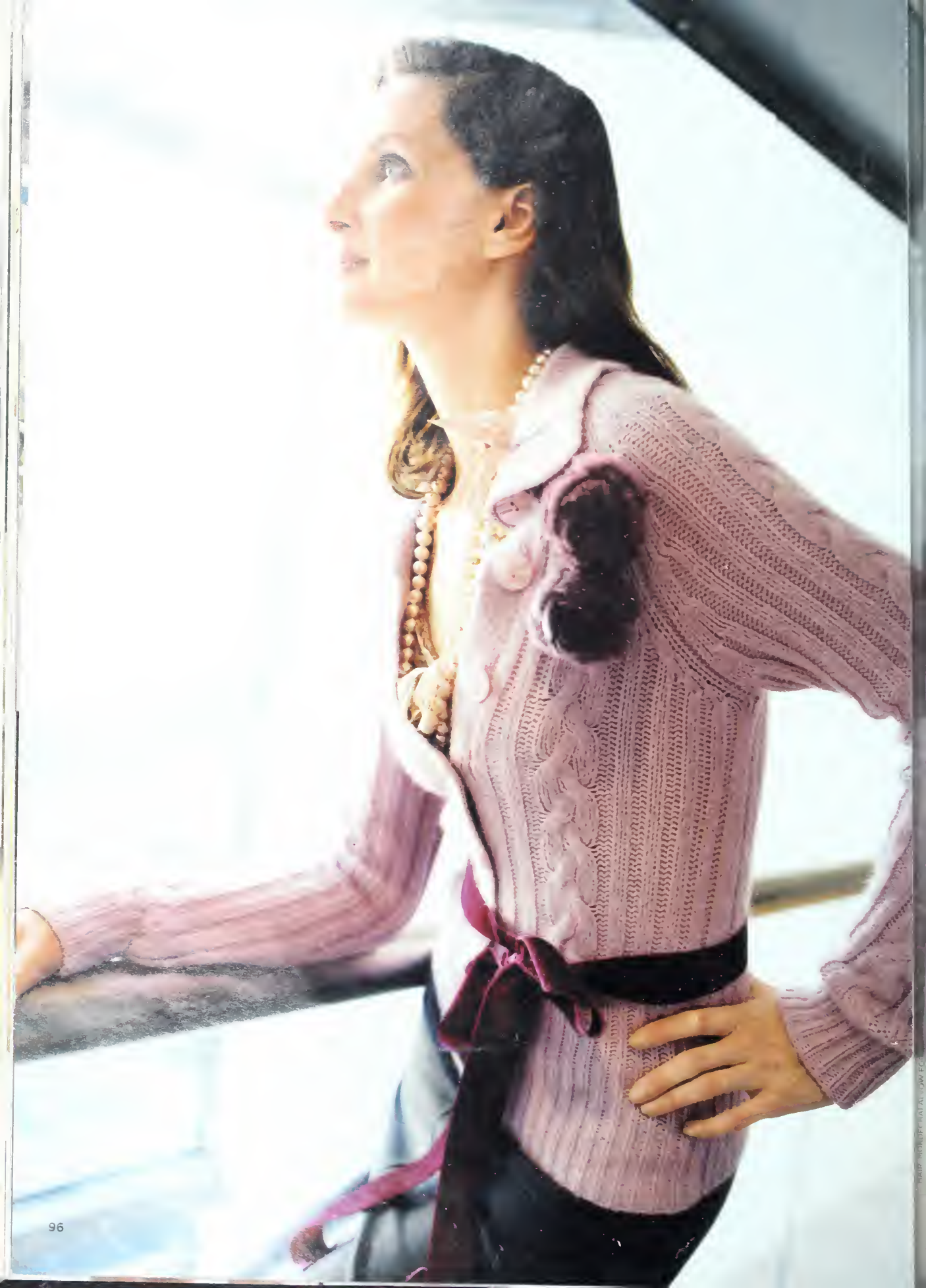
THE NEW

PHOTOGRAPHS BY ISABEL GARC
PRODUCED BY CARLA ENGL



9-TO-5 STYLE

THIS YEAR'S BUSINESS ATTIRE IS A FEMININE BLEND
OF 1940S POLISH AND THOROUGHLY MODERN COMFORT
N SOFT, SOPHISTICATED SHADES





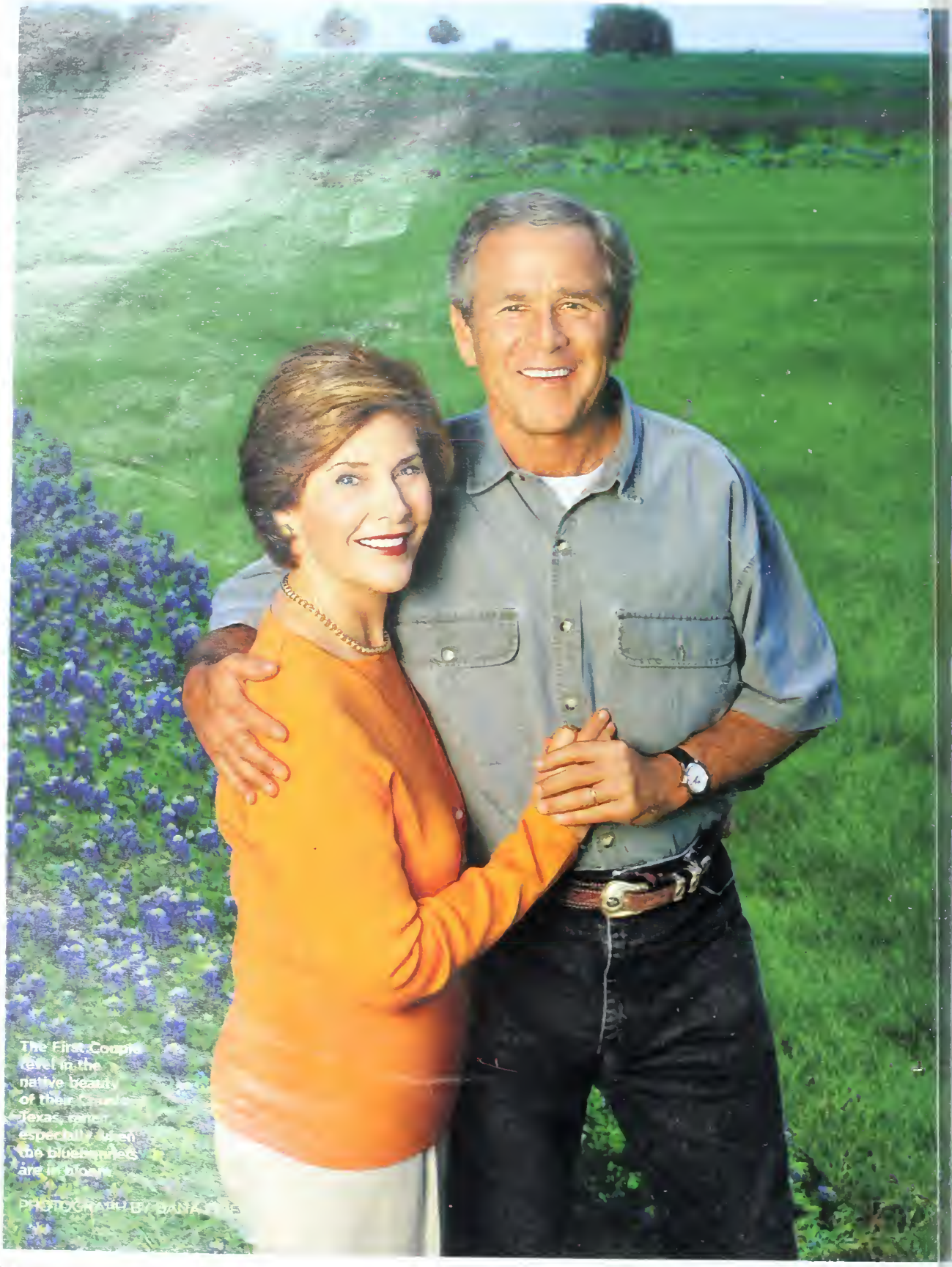
OPPOSITE PAGE: A relaxed, cabled lavender cardigan is an inspired alternative to a traditional suit jacket. Belt it with a rich plum sash and add a slim pencil skirt and colorful pearls for old-world luxury with a modern twist. Cardigan, $158, tank top, $66, both True Meaning. Skirt, Realities, $119. Pearls, Liz Claiborne, $38 each strand. Velvet ribbon (used as belt), M&J Trimming. BEAUTY BONUS: Aveda Air Control hair spray ($23) keeps your do polished and flexibly soft with organic flaxseed and jojoba extracts. THIS PAGE: A soft tie and ruched cuffs make this silk chiffon blouse both sexy *and* ladylike. Swap a structured blazer for a cardigan, add a trim floral-embroidered skirt, sexy pumps and a faux crocodile bag, and you've got the new power look. Cardigan, City DKNY, $89. Blouse, The Limited, $54. Skirt, Newport News, $74. Shoes, Bruno Magli at Zappos.com. Double-strand pearl necklaces, Monet, $28 each. Charm bracelet, vic by C.H.A.R.M. Bag, Benetton, $49.



THIS PAGE: Satin charmeuse works beautifully during the day when the color is luxurious champagne and th blouse is so cleanly shaped. With flat-front, wider leg trousers, a trench coat and a compact suede shoulder bag you're ready to face the day with ease. Blouse, $125, pant $150, both Calvin Klein. Trench coat, Nine West Outerwear/GIII Apparel, $150 Bag, Coach, $198. Watch, Splash at Yvette Fry. BEAUTY BONUS: Get a flawless complexion with the sheer, moisturizing coverage of Prescriptives Traceless Skin Responsive Tint ($32.50). OPPOSITE PAGE: After falling off the fashion map for decades, bottle green reappears in this finely knit polo sweater. Add new life to it with a stamped faux crocodile blazer and a pleated geometric skirt. Finish with layers of chunky vintage-inspired amber beads. Blazer, Ann Taylor Loft $229. Sweater, Calvin Klein, $150. Skirt, City DKNY, $129. Necklaces, R.J. Graziano. Belt, Via Spiga, $36.



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The First Couple revel in the native beauty of their Crawford, Texas, ranch, especially when the bluebonnets are in bloom.

PHOTOGRAPHED BY DANA [illegible]

FREEDOM IS A GIFT"

In this exclusive interview at their home, President George Bush and Mrs. Bush express their views about the war, terrorism, the American spirit, the meaning of faith–and wanting grandchildren

The Bushes' Prairie Chapel Ranch and its 1,600 acres in Crawford, Texas, is a peaceful, pretty, understated place. The big sky is cornflower blue and cloudless, the cool air faintly musical with birdcalls. From the simple, cement porch, outfitted with Adirondack chairs, you can see a small man-made lake, ringed by bluebonnets (the state flower), and a sprinkling of red poppies and Indian paintbrushes. President George W. Bush, 57, goes largemouth bass fishing here, and when he brings Barney with him, the black Scottish terrier likes to throw his master's catch back into the water. There are live oaks and cedar elms, and buffalo grass as far as the eye can see–pliant and lush underfoot, and dancing lightly in the breeze. Mrs. Laura Bush, 57, stops by the porch where we are setting up equipment for our photo shoot to say a warm hello, ask our opinion about what color sweater to change into, and share some details about how she cultivated native plants on their land.

The First Couple met with *Ladies' Home Journal* on April 8, 2004, the Thursday before Easter and the day that National Security Advisor Condoleezza Rice was testifying in front of the 9-11 Commission. They were relaxed; being on home turf seems likely part of the reason. The rooms we saw at the ranch are serene and sophisticated: In a sitting room, there are moss-green fabric couches and sisal rugs over cool, cement floors; on the gray walls, framed line drawings of Spanish and Mexican horsemen throughout history.

The interview takes place inside the breezeway, and we sit on cushioned rattan chairs around a striped ottoman. There is floor-to-ceiling glass on either end of the room, so one can see the property stretching in back and in front. Behind us is a dining-room table for 12, set with tall wrought-iron candelabras. The President offers a Coke, takes a seat, Mrs. Bush beside him, and appears focused, relaxed and open. The couple are ready for questions. CONTINUED

BY DIANE SALVATORE

[illegible] Are there Easter traditions that you [illegible]

[illegible] get together. [illegible] November 11. Barbara Bush and the girls will be here. My parents already here. And of course we go to church at one of the big military bases *[Fort Hood]*, where there are a large number of men and women who have been deployed to Iraq and Afghanistan.

President Bush: One of our traditions is we come home. We come to our house.

Mrs. Bush: We love to come home for Easter, because it's such a magnificent time of year with the bluebonnets.

Salvatore: This looks like quite the setting for an Easter-egg hunt.

Mrs. Bush: We won't be doing it today. Our girls have outgrown it.

Salvatore: Speaking of the girls, do you fantasize about the time when there'll be little grandchildren running around the ranch?

President Bush: Yes, ma'am.

[illegible]: This big tree out here looks perfect for a picnic with grandchildren underneath it.

Salvatore: Could you update us on the girls' plans?

[illegible]: We're very proud of them. They've had very distinguished college careers. *[Jenna and Barbara Bush, both 22, graduated in May.]* They are going to wait to get jobs til after the election, but Jenna's still very interested in teaching. And we'll see what Barbara's going to do. She has a lot of interests.

Salvatore: Among them?

Mrs. Bush: She's maybe interested in doing AIDS work, with an AIDS foundation; she doesn't know which one.

Salvatore: This is probably your last campaign together, and I wonder if that makes it a particularly poignant moment for both of you.

President Bush: That's an interesting question. I think it will be. Be somewhat nostalgic. The truth of the matter is we spent our first year of marriage on the campaign trail. And this is the last campaign.

"I ABSOLUTELY BELIEVE PEOPLE CAN GO FROM EVIL TO GOOD [BUT] AS FAR AS I'M CONCERNED IT'S TOO LATE FOR OSAMA BIN LADEN"



In April, President Bush jogged with Staff Sgt. Michael McNaughton, 33, who lost a leg fighting in Afghanistan

Salvatore: Brings back memories?

President Bush: It does. It does. It's just a part of our life together. And it'll really mean the end of a chapter of a life. Because I plan on being the President for four more years and at that point in time I'll pursue different things and we'll do it together.

Salvatore: Do you think you'll do things differently on this campaign?

President Bush: I think it's important for Laura to be out there without me because she is such a strong advocate for what we're trying to do and if we're both together it's not good utilization of her time. I hope she spends more time on the campaign trail alone.

Mrs. Bush: Although at the end I love to travel with the President because it is a really sweet time for both of us. Like the President said, we spent the first year of our married life in the car by ourselves driving up and down the panhandle of west Texas. It's a great way to get to know your new husband.

Salvatore: Who's the better driver?

[They point to each other simultaneously and laugh.]

President Bush: She is.

Mrs. Bush: He is.

President Bush: We've campaigned enough together to know that you give it your all, and there's something comforting about giving it your all, together, and then relying on the will of the people. And at the very end of a campaign, if you have put your heart and soul into it, you know that there's nothing left to be done. And then you settle back. It's fun to enjoy those aspects of the campaign with somebody you love. It's hard right at this point in time to think about that happening because we've got a long way to go.

Salvatore: Mrs. Bush, as you campaign, what is the most important thing you want the American people to know about your husband?

Mrs. Bush: Well, of course I know him in a way that nobody else does and I want people to have the chance to know him like I know him. I know his characteristics in such a profound

ay. I know how disciplined he is. I now how steady he is. I know how rong he is. And this job is not for e faint of heart, there's no doubt bout that. Really requires a lot of rength, especially in the challenging nes like we have.

President Bush: I want people to now that I'm a wise man because I sked Laura to marry me. Seriously, 's a part of who I am. When people e her compassion, her warmth, her eadiness, her calm, her intelligence, hat is a way to help define me to omebody who generally gets her oint of view from 15 seconds on a ewscast.

Mrs. Bush: But also, politics is a amily business. If somebody in the amily is in elected office, then everyne is involved in some way.

Salvatore: Mr. President, what do ou know now about being president hat you didn't know before, that you would like to tell your younger self?

President Bush: I didn't know a war was coming. I knew it was going to be a lot of work and a tough job. And I accept that and enjoy that. I enjoy making decisions, and I knew it was gonna be a decision-making experience. I didn't realize Washington was going to be so bitter. Austin *[where the Bushes lived when he was governor of Texas]* was not a bitter place. It was a place where Democrats and Republicans could get along pretty well and look after the state's interests. Washington turns out to be a lot different town than I envisioned it to be. I think it's a lot of zero-sum politics there. I'm not pointing the finger at anybody, I'm just telling you what it is. But one thing's for certain: When I look back at it, I'm glad I ran, and it's been a fantastic experience for both of us. It's been an opportunity to spread freedom and peace, an opportunity to put policies in place that will leave behind the likelihood that people are going to be prosperous, and that's really important. I've enjoyed it. I really have.

Salvatore: Do you think presidents ought to be able to hold office for as long as they could be elected?

President Bush: No.

Salvatore: So you would not be interested in running for a third term if you could?

President Bush: Not at all. I think two terms is plenty. I think in a democracy it's important that there be change and turnover. I think there are plenty of people with capable ideas. There's something refreshing about change in leadership. And there's something also very refreshing about knowing that change in leadership will come after having spent a lot of time trying to convince voters that you're the right person.

Salvatore: Mrs. Bush, where do you feel you've taken the role of First Lady in the first four years and where do you want to take it in the next four if you are, in fact, in the White House again? What would you like your legacy to be about?

Mrs. Bush: About education. That's my lifelong interest. I made a decision to be a teacher when I was in the second grade. I like children. I like to be around children. And I want the very best for American children. I also think that education is the single most important factor in making sure our world is free, that our country is prosperous, and that our people can live satisfying lives. And so that's what I would hope people would remember me for—my interest in the idea of lifelong learning, not just for children, but for everyone.

Salvatore: I also think she'll be remembered because during the attacks on our country, Laura was such a calm and reassuring voice to people. She encouraged people to talk to their children during this very traumatic time. I also know the effect she's had on women in places like Afghanistan, and my hope would be in the second term that the situation would be such that Laura could go to Afghanistan and speak to the millions of women who know that she cares about their freedom and rise above some traditions that kept them essentially enslaved to a backward philosophy. She one time did the presidential address by radio, speaking to Afghan women, and the response was really powerful. I can't tell you the number of people who've gone to Afghanistan, not the least among them Karen Hughes *[Counselor to the President]*, and they say that people are really anxious for Laura to go because she represents such a strong symbol of the best of America.

Salvatore: Mr. President, you mentioned before the difficulties of the job, and I know professionals who have stress on the job, and one of the things that happens is that they have trouble sleeping. And so we're anxious to know, how do you sleep at night?

President Bush: There's a lot of pressure to the job, but I take great comfort in my faith, and in the love of my family, which helps deal with the stress and the burden you carry. I also exercise a lot, about six times a week, and that burns off a lot of the tension. And it turns out if you work out really hard at the age of 57, it tires you out. I've been sleeping well—I really have been. Sometimes I don't.

Salvatore: What do you do when you can't sleep?

President Bush: Grit it out. I lie in bed. I'm not one of these guys who gets out of bed and CONTINUED

turns on C-Span [illegible] morning. But a bad day for me is 6½ hours as opposed to [illegible] hours.

[illegible] Some questions about [illegible] of the American people [illegible] What one feature [illegible] most distressing about American culture today, and the most noble?

[illegible] Well, the most noble is how generous, how decent, Americans are. I met with a group of Afghan teachers who lived in Nebraska. The University of Nebraska has a big Middle Eastern department, so they had Afghan women come to train to be teachers so that they could go back home to Afghanistan and train teachers there. They lived with families in Nebraska, and you know what those families are like—such solid American values in the heartland of our country. And those Afghan women were very surprised at how generous and how kind and how solid these families were.

[illegible] I'd say the most disappointing thing about Americans is that we don't exercise enough, that a lot of disease could be prevented from just walking 20 minutes a day. I think the best thing is compassion. I speak a lot about the fact that neighbors love neighbors, without government telling them to do so. It really is a strength. It's a defining characteristic of America. I think it distinguishes us from a lot of [illegible] societies.

[illegible] There's always a lot of discussion about the characteristics of the baby-boomer generation. When you both think about the generation that your daughters belong to, what contribution do you think they will ultimately make to the American fabric?

[illegible] I know that they're very idealistic. I know that they want to do good things for their country and for their neighbors. I hear from young women and young men who are about to graduate college that all of them want to make a good impact on their country and the world and they want to help in whatever way they can. They are not particularly materialistic, maybe because they grew up with a lot of affluence themselves. One good example is the huge number of young people who apply to Teach for America, so many that they have to turn down a huge number of very qualified young people who want to teach in inner cities or underserved schools.

President Bush: I think one of the biggest differences is that this generation wants to figure out what they want to do earlier. The baby boomers were a little more "go with the flow" types. I also think if the baby-boomer parents do their job, this generation can be a part of helping to define a "right choices" campaign, the knowledge that overuse of alcohol and/or drugs can destroy your life. There are signs that drug use is beginning to decline, which is a positive development.

Mrs. Bush: Teenage pregnancy is declining.

President Bush: I think it's going to be a very interesting part of a cultural shift. I like to call it the ushering in of the responsibility era. I think this generation is very likely to be part of that cultural shift.

Salvatore: You may know that *Ladies' Home Journal* is the magazine of the "Can This Marriage Be Saved?" column. Do you recognize that title?

Mrs. Bush: Sure! Of course, he probably doesn't.

Salvatore: It's a 51-year-old column. And we profile only marriages that have been saved–

President Bush: Really?

Salvatore: –because that's what people learn from.

President Bush: Sure.

Salvatore: But it also seems clear that the 50 percent divorce rate is pretty much here to stay. I'm wondering if you could both address what you think is driving that?

President Bush: The first thing I thought of when you said, "Can a marriage be saved?" is, you know, all marriages require work. I mean, marriages need to be saved nearly every day. Seriously! I mean, it is an accommodation. It is a determination to make a sacrifice for something that's enduring. It's work. I haven't seen studies about why there's divorce, but it's got to be to a certain extent that some people just aren't willing to make the commitment to make it work. A perfect marriage is a marriage that is perfect after years of working together to make it perfect.

Mrs. Bush: People who have parents who were married for 50 years and longer had really great examples of what it's like to work on your marriage, and that's a huge advantage for children. And I think once we have children, it's good to remember that our children CONTINUE

"ALL MARRIAGES REQUIRE WORK. I MEAN MARRIAGES NEED TO BE SAVED NEARLY EVERY DAY. SERIOUSLY! IT IS AN ACCOMMODATION"



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are always [illegible].

[illegible] I appreciate your column because there are mixed messages in our society [illegible] And the fact that it's [illegible] to put into print what it takes to get a marriage to be successful is an important part of a different message.

Salvatore: You mentioned Karen Hughes before. In her new book *[Ten Minutes From Normal]*, she shines a light on the struggle that women face when they want to work and want to raise a family. What advice do you both give to your own daughters as you think about this question?

President Bush: My advice is get married first!

Mrs. Bush: I've felt like I was very fortunate to be able to do what Karen did, which is that I could stay home with my children and be able to be available to participate in all their activities. Not that he didn't also participate in their activities—he did. He actually drove the car pool up until the time he was elected governor. But I also understand and appreciate Karen's dilemma, going from working in the White House to moving back to Austin because she wanted her son to be happy.

President Bush: I guess the way I approach it is, I would tell our daughters that having a child is the most important thing you're going to do. And it's your responsibility to love that child with all your heart. Therefore, use your best judgment as to how to achieve that most primary objective. And there are plenty of women who are able to do just that—love their child with all their heart and at the same time have a career. There are some like Karen who thought they could do that and came to a point in their life and realized they couldn't, and were strong enough to go to the President of the United States and say, "I gotta go home." She was one of the most powerful women in the history of the country. Access to the president is power. And she had unlimited access. Not only did she have access—she had my ear. And as Laura will tell you, I do a lot of things she thinks I ought to do, and sometimes I don't. Well, same with Karen Hughes. My advice to people is understand the importance of having a child, make those children a priority, and then adjust your life according to that.

Mrs. Bush: Because the fact is that time will pass, things change and Karen can come back to this job if she's interested.

President Bush: And she is going to travel with us. Her family is nicely settled in now, and that makes her happy to the point where she can now say to me that in August she's going to get back on the plane, and she'll be by my side for coming down the stretch.

Salvatore: Bigger and bigger proportions of our population are getting older and older. My readers are often the ones who do a lot of the caretaking. What score would you give us as a society for how well we have responded to handling the caretaking of older Americans?

President Bush: America has done a good job by making a commitment to Medicare for seniors. It's a commitment that Lyndon Johnson first started and has been maintained since then, and America deserves a good grade for that. And I will argue that the modernization program I signed is going to make Medicare even better. The quality of nursing homes obviously varies from location to location, but where you find elderly people in lousy nursing homes, there needs to be an F. Something needs to be done about it. That is primarily a state responsibility. And there are some decrepit conditions where old seniors are kept, and that needs to be changed, and people need to be held to account for that. I think one of the interesting qualifiers about how seniors are treated is whether children assume a certain responsibility for their parents. I can tell you that in Laura's family, the care is an A plus because she cares a lot about her mom. she's constantly checking on her mom. I suspect most people are really caring for their parents. Therefore, my answer would be I would give the society as a whole pretty darn good marks.

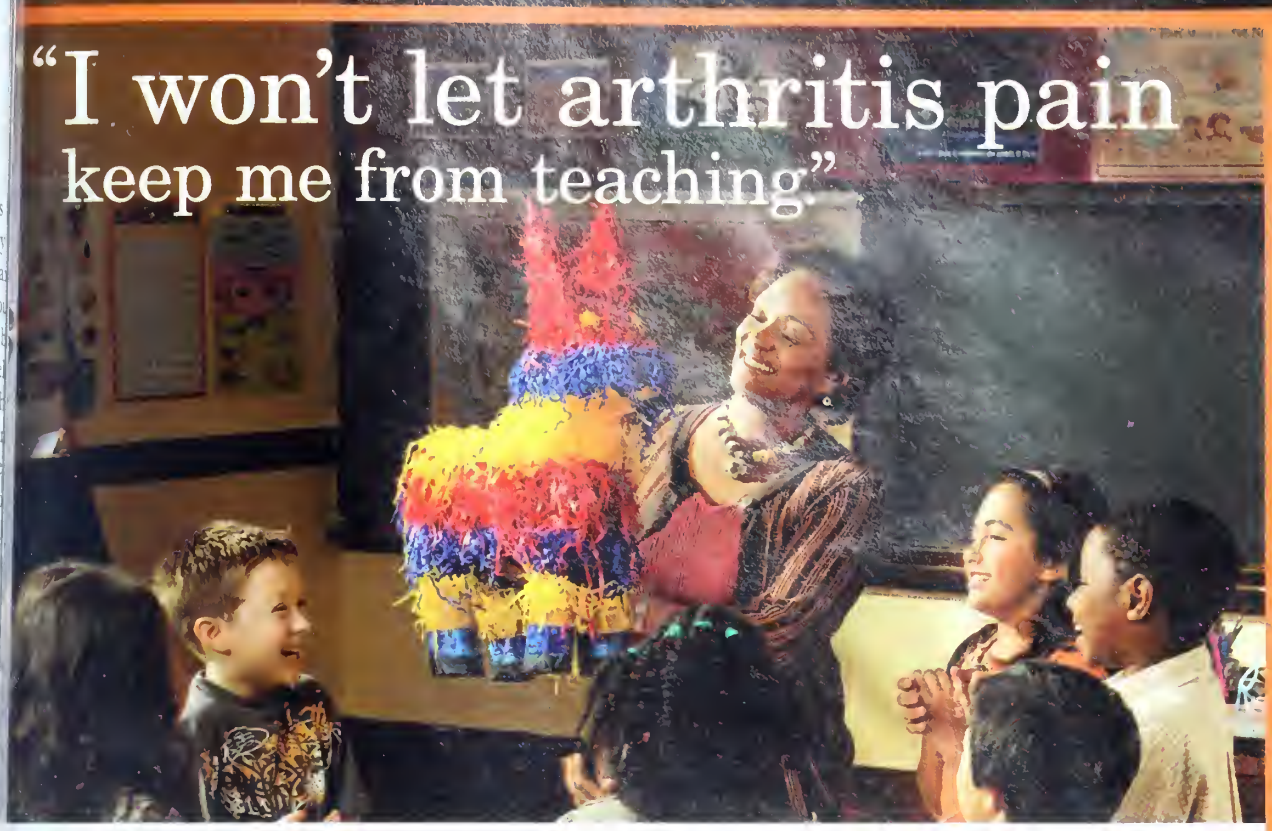
Mrs. Bush: I've actually spent the last week in Midland and I'm going back on Easter because my mother is going to move into a retirement home and I'm an only child, and she wanted to stay in the town where she has lived for the last 57 years, and so that's the choice that she made.

President Bush: There are some lonely seniors, and obviously it's very important for community-based and faith-based programs to help those seniors.

Salvatore: There seem to be a lot of indications that America is having a kind of spiritual reawakening. In your view, is there a kind of divine destiny for each of us individually and for America as a country?

President Bush: My view of religion is that we've been given free will, and it's a gift—like freedom is a gift—and with that freedom and free will each individual makes a choice as to whether or not there's a commitment to the Almighty. I do think people are a bit more religious in America, and I'm talking about Jewish people. CONTINUED ON PAGE 110

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- to treat menstrual pain (pain during women's monthly periods).
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- stomach problems such as ulcers or bleeding
- kidney disease
- liver disease
- angina (chest pain), a heart attack, or a blocked artery in your heart
- heart failure
- high blood pressure

Tell your doctor if you are
- pregnant or plan to become pregnant. VIOXX may harm your unborn baby if you take it in late pregnancy. If you take VIOXX while you are pregnant, ask your doctor how you can be on the VIOXX Pregnancy Registry.
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Tell your doctor about
- any other medical problems or allergies you have now or have had.
- all the medicines you take including prescription and non-prescription medicines, vitamins, and herbal supplements.

Tell your doctor right away if you develop
- serious stomach problems such as ulcer or bleeding symptoms (for instance, stomach burning, vomiting blood, or if there is blood in your bowel movement or it is black and sticky like tar) which are signs of possible stomach bleeding.
- unexplained weight gain or swelling of the legs, feet, and/or hands.
- skin rash or allergic reactions. If you have a severe allergic reaction, get medical help right away.

How should I take VIOXX?

- Take VIOXX exactly as prescribed by your doctor. Your dose will depend on the condition being treated and other medical problems you may have. Do not change your dose of VIOXX or take extra doses unless your doctor has told you to.
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- If you take too much VIOXX, call your doctor, pharmacist, or poison control center immediately.

Can I take VIOXX with other medicines?

Tell your doctor about all the medicines you are taking or plan to take while you are taking VIOXX, including medicines you get without a prescription, including vitamins and herbal supplements. VIOXX and certain other medicines can affect each other, causing side effects. Keep a list of the medicines you take. Show the list to your doctor and pharmacist when you get a new medicine. They will tell you if it is safe to take VIOXX with your other medicines. Your doctor may want to check that your medicines are working properly if you are taking
- aspirin for a blood thinner within the past 10 days
- diuretics (water pills)
- digoxin
- ACE inhibitors for high blood pressure and heart failure
- lithium for depression

VIOXX cannot take the place of aspirin for prevention of heart attack or stroke. If you take both aspirin and VIOXX, you may have a higher chance of serious stomach problems. If you take VIOXX alone. If you are taking aspirin for prevention of heart attack or stroke, you should not stop taking aspirin without talking to your doctor.

What are the possible side effects of VIOXX?

Serious but rare side effects that have been reported in patients taking VIOXX or related medicines have included:

- Serious allergic reactions including swelling of the face, lips, tongue, and throat which may cause difficulty breathing or swallowing, hives, wheezing, or shock (loss of blood pressure and consciousness) can occur. These may require treatment right away. Severe skin reactions have also been reported.
- Serious stomach problems, such as stomach and intestinal bleeding, can occur with or without warning symptoms. These problems, if severe, could lead to hospitalization or death. Although this happens rarely, you should watch for signs (for instance, stomach burning, vomiting blood, or if there is blood in your bowel movement or it is black and sticky like tar) that you may have this serious side effect and tell your doctor right away.
- Heart attacks and other serious events, such as blood clots in your body, were reported in patients taking VIOXX.
- Serious kidney problems can occur, including acute (sudden) kidney failure or worsening of chronic kidney failure.
- Severe liver problems, including hepatitis, jaundice and liver failure, can occur in patients taking NSAIDs, including VIOXX. Tell your doctor if you develop signs of liver problems. These include nausea, tiredness, itching, pain in the right abdomen, yellow skin or eyes, and flu-like symptoms.

Your doctor may do blood tests and check you for problems that may happen with treatment with VIOXX.

In addition, the following side effects have been reported: anxiety, blurred vision, confusion, constipation, decreased levels of sodium in the blood, depression, fluid in the lungs, hair loss, hallucinations, increased levels of potassium in the blood, insomnia, low blood counts, menstrual disorder, palpitations, pancreatitis, ringing in the ears, severe increase in blood pressure, skin reactions caused by sunlight, tingling sensation, unusual liver tests, with stiff neck (aseptic meningitis), vertigo, worsening of epilepsy.

More common, but less serious side effects reported with VIOXX have included the following:

Respiratory infections
Headache
Dizziness
Diarrhea
Nausea, vomiting and upset stomach
Heartburn
Stomach pain
Swelling of the legs and or feet
High blood pressure
Back pain
Tiredness
Urinary tract infection

These are not all the side effects reported with VIOXX. Do not rely on this leaflet only for information about side effects. Your doctor or pharmacist can discuss with you more complete list of side effects. Any time you have a medical problem you think may be related to VIOXX, talk to your doctor.

How should I store VIOXX?

- Store VIOXX at room temperature, 59° to 86°F (15° to 30°C).
- Safely throw away VIOXX that is out of date or no longer needed.
- Keep VIOXX and all medicines out of the reach of children.

What else should I know about VIOXX?

This leaflet provides a summary of certain information about VIOXX. If you have questions or concerns about VIOXX, osteoarthritis, rheumatoid arthritis, pain or migraine attacks, talk to your health professional. Your doctor or pharmacist can give you an additional leaflet that is written for health professionals. This leaflet is also available at www.vioxx.com.

Medicines are sometimes prescribed for conditions other than those described in information leaflets. Do not use VIOXX for a condition for which it was not prescribed. Do not give VIOXX to other people even if they have the same symptoms you have. It may harm them.

What are the ingredients in VIOXX?

Active Ingredient: rofecoxib

Inactive Ingredients

Oral suspension: citric acid (monohydrate), sodium citrate (dihydrate), sorbitol solution, strawberry flavor, xanthan gum, sodium methylparaben, sodium propylparaben.

Tablets: croscarmellose sodium, hydroxypropyl cellulose, lactose, magnesium stearate, microcrystalline cellulose, and yellow ferric oxide.

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Issued March 2004

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EXCLUSIVE

election 2004

Christians and Muslims alike. I do think the attacks on September 11th caused America to take a step back and really examine our views of other religions, which I hope is positive. One of the ideas I've tried to reject is that this is a war between Christians and Muslims, and it's not. It's a war between good people and evil people. Fortunately, there are a lot more good people than evil. That's why ultimately we will win.

Salvatore: Do you believe, Mr. President, that some people are irredeemably evil, such as Osama bin Laden?

President Bush: I absolutely believe that people can go from evil to good. I've seen people who recognize the [illegible] of evil in their lives and choose to do something about it. I think it's too late for Osama bin Laden. As far as I'm concerned, there's nothing redeemable about him. He cannot redeem himself, as far as I'm concerned. I think this guy's soul is so corroded, there's just no way.

Salvatore: Mr. President, you have spent a good amount of time with the troops. Is there one American soldier's story that has stayed with you?

President Bush: I've spent a lot of time with troops, and I've spent a lot of time with families of those who have been killed in battle, been wounded in battle. I guess the most meaningful meeting I've had would be the time when we swore in a Marine, a Mexican citizen, to be a U.S. citizen as I gave the Purple Heart. It was really a powerful moment. He was weeping. His family was weeping. I'm going to do something next week that's interesting. I saw a kid lying in bed after he had gotten his leg blown off because of a mine *[in Afghanistan]* and I told him, he's gonna get out of bed and he's going to run with the President. I said, "You mark my words, one of these days, you and I are gonna run together." The question is, can I run? *[On April 14, the President jogged on the South Lawn of the White House with Army National Guard Staff Sgt. Michael McNaughton, 33.]* I will tell you that the families that I've met are very brave and courageous people. One message I get is, Do not allow my loved one to die in vain. In other words, don't let politics get in the way of completing the mission. It's an uplifting, difficult experience, but I come away a stronger person for having met with the families.

Salvatore: Mr. President, we have all experienced the upgrade in security at airports—now there's more discussion about rail safety. In New York City, some 5 million trips are taken on the rails and subways every day. What are your thoughts about whether it is possible to really secure rails?

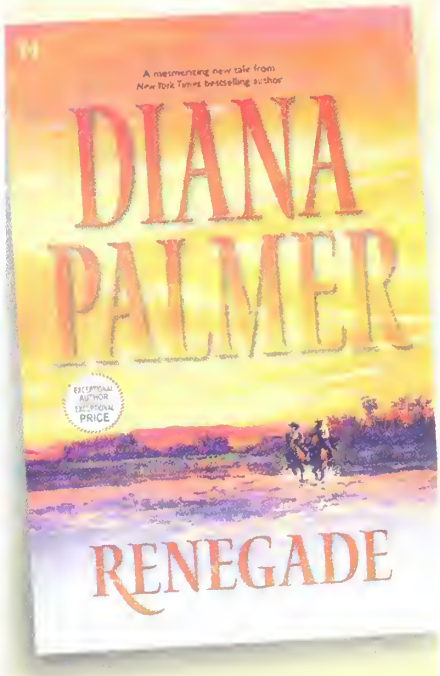
President Bush: Well, first of all, we'll never secure America 100 percent anywhere. We are a free country, we are a big country, we are a relatively open country, and if somebody wants to blow somebody up, it'll be hard to stop. Look at the Oklahoma City bombing. Now having said that, we're much more aware. For example, whenever we get any indication that somebody might try to do something on the subway, like

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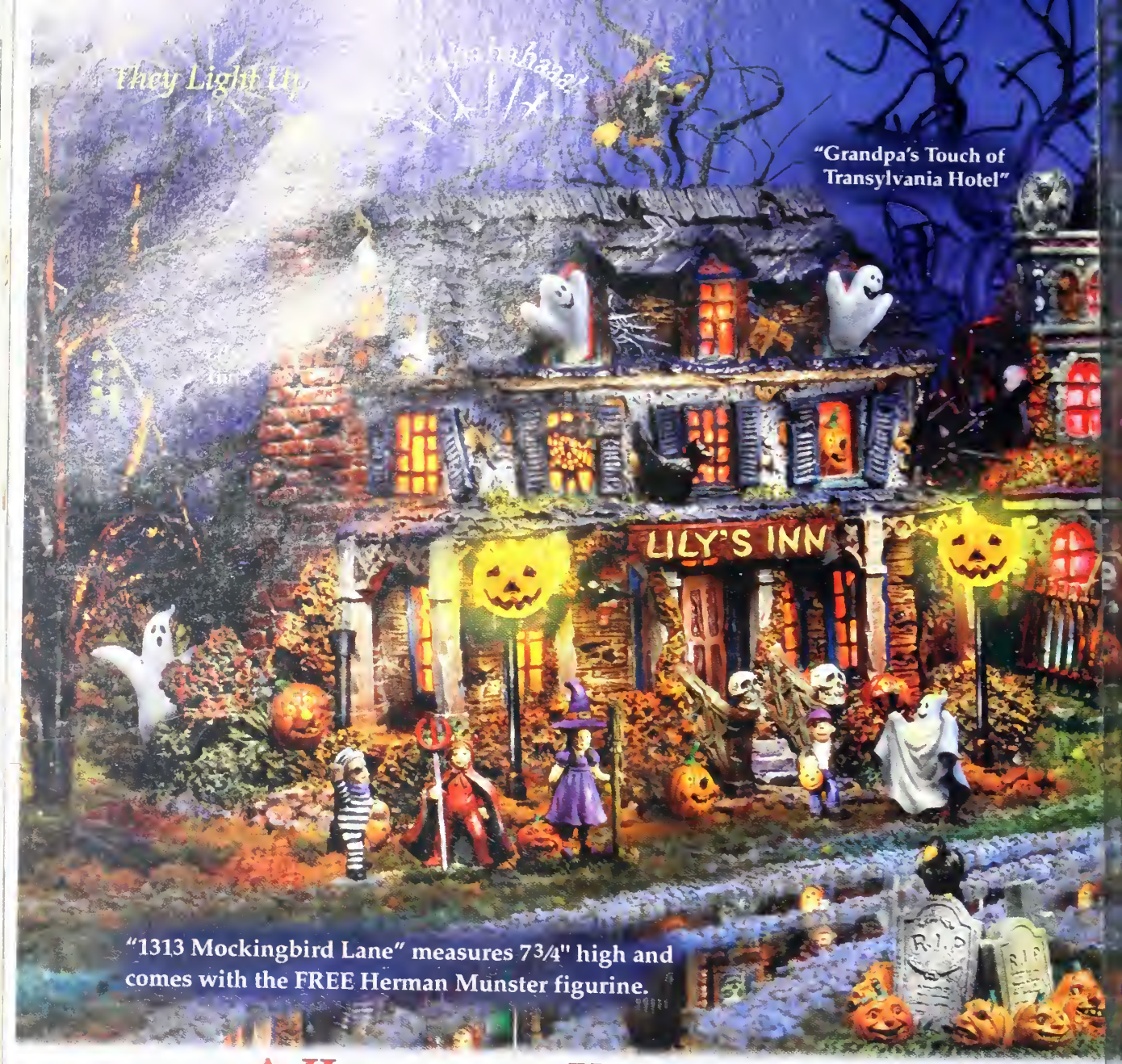
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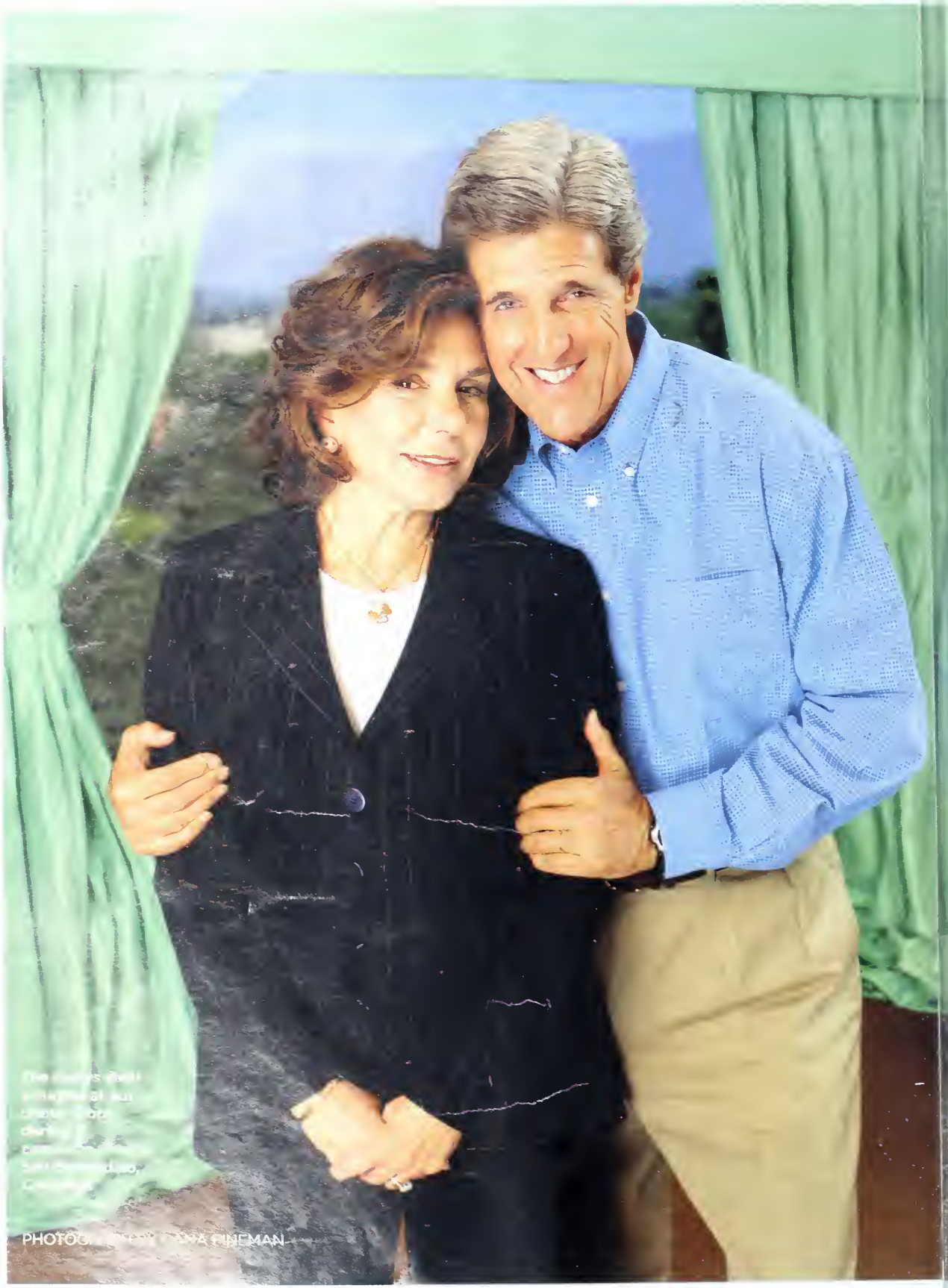
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PHOTOGRAPH BY DINA FINEMAN

"I HAVE A VISION FOR AMERICA"

On the campaign trail, Senator John Kerry and Mrs. Heinz Kerry open up about the American character, religion, terrorism, jobs—and the secret to their happy marriage

I am waiting in a suite in the St. Regis Hotel for Senator John Kerry and Mrs. Teresa Heinz Kerry to arrive. It is May 5, a cool, sunny day in Los Angeles, and that morning, the campaigning couple went to Woodrow Wilson High School, speaking to a mostly Latino audience. Mrs. Heinz Kerry, 65, wore a wide-brimmed straw hat, ever vigilant about protecting herself from skin cancer, which claimed the life of her mother. After speeches there, Senator Kerry gave a press conference about the then-breaking news of the abuse of Iraqi prisoners in American military custody, and the need for the President to apologize.

In other words, it's a typical jam-packed day for the presumed Democratic nominee and his wife. I wait with an army of aides who sit hunched over tables, intently eating pizza straight out of the cardboard delivery boxes. One chipper young aide is busy making, assembly-line style, a stack of Jif peanut butter and Smucker's red-raspberry jam sandwiches—a snack that is reportedly a favorite of the senator's.

When the couple arrive, trailed by unsmiling Secret Service men, Senator Kerry offers a heartfelt and courtly apology for his tardiness. His boyishly lanky frame belies his 60 years: only his thick silver hair hints at his age. As we sit down to the interview, he idly reaches for his wife's hand or knee as he talks. At one point, she asks his help securing the colorful beaded bracelet a woman gave her that morning, and he ties it neatly on her petite wrist. "Sweetie" peppers his conversation when he addresses her.

Because their packed agenda demands it, we relocate for the second half of the interview, trundling through a parking garage and piling into one of the vehicles so the couple can make their next stop, the Cathedral of Our Lady of the Angels. Neither the senator nor Mrs. Heinz Kerry lose focus, comfortably fielding questions as we travel down the freeway past rows of purple jacaranda trees.

CONTINUED

BY DIANE SALVATORE

Diane Salvatore for [illegible]: Mrs. Heinz Kerry, can you give us three words to describe [illegible] as a father? Mr. [illegible] hands-on. Strict. Tender?

Salvatore: Senator, three words to describe the type of father you are?

Senator Kerry: Loving. Involved. Supportive.

Salvatore: Same exercise, Mrs. Heinz Kerry—three words to describe yourself as a wife?

Mrs. Heinz Kerry: I'm sure difficult. *[The senator laughs heartily.]* I am a nurturer. Home is important to me. Therefore, everything about making home your rock, your kingdom, is important. And challengingly supportive.

Salvatore: Senator, three words to describe yourself as a husband?

Senator Kerry: I would have said she's loving. I would add that to what she gave herself.

Mrs. Heinz Kerry: Well, nurturing, I think, is like love.

Senator Kerry: Yes sweetie, but you're incredibly *there*. Anyway, for myself, I'd include loving. And I'd like to say respectful. And *[thinks a long moment]* amazed . . . impressed.

Salvatore: Mrs. Heinz Kerry, you are widowed, and senator, you are divorced, so you are both in a second marriage, which presents special challenges. To what do you attribute the obvious success of your happy second marriage?

Senator Kerry: I think there's a wisdom that comes from loss, and from life. And there's a commitment to making something work that comes from that wisdom and age. You know how to take a deeper breath and get through things that before you might not have. There's a level of relationship that's bigger and different, at least for me.

Mrs. Heinz Kerry: Life teaches you a lot. And one of the things it teaches you is what's important and what isn't. If you've been tested, you know at least to some extent what the depths of your resources are. And that both allows you staying power as well as determination, with a little less anxiety. Maybe just as much emotion, but less anxiety. So you're not frightened as easily by things that are not the way you want them to be. Certainly I had a very good first marriage with all the difficulties that all marriages have—didn't have enough time with my late husband, he worked too hard, but he was very, very homey, and that left me a good taste and left me open to it again.

Salvatore: Senator, there's so much discussion in the media about the impact of your personality on your electability. Does this make you crazy? It's not as though a presidential election is an episode of *American Idol*.

Senator Kerry: No, it doesn't. I respect it. I accept it. I think as America gets to know me, I'm quite comfortable. I've gotten elected four times. I've won primaries. The folks out there were able to get to know me, and I think people in the country now will have a chance to see that I am who I am. I love having fun. I love laughing. I love making jokes and hacking around, and I think people will see that the visage they get, "Oh, that guy is serious all the time," is not a full measure of who I am. The stereotypes are very deceiving. The stereotypes people have labeled my wife with are completely without foundation and everybody who's met her comes to see that here's this incredibly down-to-earth, straightforward, nurturing, commonsense mom and engaged human being.

Salvatore: Mrs. Heinz Kerry, what characteristics do you see in the private John Kerry that the public hasn't seen yet?

Senator Kerry: *[to his wife, laughing]* Don't tell it all—I'll be in trouble!

Mrs. Heinz Kerry: He's very intense. I think that sometimes that lack of relaxed look is what distances him from people. He's just really intense. And that's taken me some adjusting because you have to get through. But at the same time, he can sit very quietly and look at the sea, watch birds. I guess that's another form of intensity. It's meditative. The other thing that's interesting—and I don't think this is necessarily a great quality—is

"I AM WHO I AM. I LOVE HAVING FUN, I LOVE LAUGHING, I LOVE MAKING JOKES . . . THE STEREOTYPES ARE VERY DECEIVING"



Senator Kerry campaigning at a Cinco de Mayo celebration in Los Angeles

always learning something new. *Something new. Something new.* And I've come to say I'm not going to give up certain things to learn something new. Maybe because I'm older. But he says, 'I'd like to take up painting.' I said, '*When?* Which life?'

Salvatore: So there's an inner artist, senator?

Senator Kerry: There's a piece of me that would be happy doing it. I love music, I love art. My dad sculpted a bit, and we've had painters, actors, singers in the family.

Salvatore: Mrs. Heinz Kerry, there is so much debate about who the First Lady should be, and in fact there are studies about the archetypes and who fits them and who doesn't. Is it your assessment that Americans are narrow-minded about what the First Lady ought to be?

Mrs. Heinz Kerry: I don't think American people are at all. I think people who *write* about them can tend, in an almost Victorian way, to say, "These are the 10 types, which one are you?" These people make a business out of it. But I know that all people want is someone who is open and intelligent, honest, real and supportive of the president, and I think Laura Bush looks that way very much. But people can do that in so many ways. I always go back to Pittsburgh and to where I became an American citizen *[in 1971]*, and to the hard-working, honest and tender people of that place. A lot of them are not very educated in the formal sense, but extremely real and loving in all dimensions and that's where I get my grounding in terms of who Americans are.

Salvatore: Senator, your thoughts? How much emphasis should voters put on who the First Lady would be?

Senator Kerry: That's up to each person to make a judgment about what matters to them, but I think they want to see that the person is someone who measures up. I think that's very much what Teresa described—real, accessible, open, authentic, supportive of the efforts. But Teresa doesn't want a policy position. She's not looking to be an adviser. She has a life. She loves what she does, she does it well. *[Mrs. Heinz Kerry is chairman of the Heinz Family Philanthropies and the Howard Heinz Endowments.]* She wants to continue to be involved in charitable efforts. She does a lot of work with women's health, with women's economic security, children, seniors. There are so many areas she could choose to say, as First Lady, 'I want to put a focus on this.' I think she'd be brilliant at it, personally.

Salvatore: Mrs. Heinz Kerry, are there issues about which you have different opinions from your husband, and if so, do you debate these in the hope of changing his mind?

Mrs. Heinz Kerry: No. I discuss. I never have—in my first marriage and now—ever tried to change a vote. Nor have I ever behaved in any way that would either bless or punish my husband for the way he voted. But I think a wife has to be in a position where her role is to be an intelligent partner, but then if she's not the elected official, she's not the elected official, period. I've had several times in my life where some really difficult votes have come up, with my late husband and with John, and you talk about them and you grapple with it and in the end, I keep quiet, and let it happen.

Salvatore: Senator, we have heard your criticisms about President Bush. What one thing do you admire about President Bush?

Senator Kerry: I think the President did a good job when he spoke to the Congress after 9/11. I think he gave a good speech, and united people's emotions and feelings. I certainly gave him credit for that. I think he deserved it, and I'm happy to do that. I regret that he's been overly ideological and rigid since then.

Salvatore: Do you both believe there will be a woman president in the next 20 years? And will she be a Democrat or a Republican?

Mrs. Heinz Kerry: Gosh, I jolly hope so, and I hope she's a good one.

Senator Kerry: I'm convinced. I see absolutely no reason why not. The country's ready and all you need is somebody who steps up who is ready.

Salvatore: Senator, what sort of counsel has President Clinton been giving you?

Senator Kerry: I think he is one of the most astute observers of political, cultural and historical life in America and in the world. And he is the one Democrat who has been elected twice since Franklin Roosevelt. That's no small feat. I think one ought to listen to him. I do. And I look to him for advice, and I do value it.

Salvatore: Your sons and daughters, in a different life script, might have joined the military, might now be serving in Iraq. What sort of soldiers do you think they might have made? And what one piece of advice would you each give them on the eve of shipping out?

Senator Kerry: Boy, there's a huge question. I have five—stepchildren and my own biological children. I'm just going to speak about all five. Some would make great soldiers and some would not. And my advice to them on shipping out would be to do their duty and remember their fellows and people around them and beside them as they serve.

CONTINUED

Mrs. Heinz Kerry: I'm choked up. It's tough to think. But I think John said it well. Some could and some shouldn't. Of course, certain characteristics are important, it's so tough to think of the kids out there. Not many of them really should be there. Not because they're not brave enough but because it's not the right thing for them to be doing. It's hard to think what a parent can do except say, "I'm proud of you."

Salvatore: Senator, tell me a soldier's story that you've heard in the last six months that's made a particular impression on you.

"THESE KIDS ARE GOING THROUGH TOUGH STUFF . . . I UNDERSTAND THAT FROM MY OWN EXPERIENCE OF WAITING TO BE SHOT AT"

Senator Kerry: I met with a bunch of soldiers just the other day, out of Walter Reed *[Army Medical Center]*, and one of the kids from New York was describing what had happened when they got hit by an improvised explosive device that went off inside their humvee. The guy next to him was killed, and his buddy was incredibly wounded. I also met a young woman who'd had an amputation. She was just as tough as could be and understood that this was the price you pay, and was just so grateful to be alive. These kids were just so courageous and straightforward, and feeling unbelievably upbeat and resolute and concerned about their friends back there. I was just so impressed by their grit and their spirit and their sense of duty and their sense of country.

But these kids are going through tough stuff, riding around in cars, waiting to be shot at, ambushed, and I understand that, from my own experience of waiting to be shot at. The military we have today is as fine as it's ever been. These folks are as well trained, as motivated, as capable as at any time, and Americans ought to be very proud of them. Some of the choices that are made for them raise some serious questions. They're at greater risk than they should have been. Some of them have been put in harm's way without the proper equipment, and I think that's inappropriate.

Salvatore: Senator, should you get to the White House, would your priority be to bring the troops home as soon as possible, no matter what?

Senator Kerry: Not "no matter what," no. Responsibly. Responsibly. I think it'd be very bad for the stability of the Middle East, bad for the war on terror, bad for the United States, bad for Europe, just to leave a failed Iraq. But this President and administration has missed so many chances to bring the world to our side. I believe the world has a legitimate interest in not having a failed Iraq. So why are they absent? It underscores a failure of diplomacy, a failure of leadership, of patience, of working with countries to bring them to their common interests. The unwillingness of this administration to share reconstruction authority and governmental transformation authority with an international entity precludes many people from saying we have a reason to share the burden. It depends on what you inherit on January 20, but I would have worked long ago to internationalize this, de-Americanize the occupation, get the target off of Americans, get rid of this sense of American occupation of a Middle Eastern country, which is even more so now with the revelations of the treatment of Iraqi prisoners creating this incredible anger throughout the Arab and Muslim world and the whole world.

Salvatore: How apt, senator, do you feel is the comparison between the Iraqi war and the Vietnam War?

Senator Kerry: I don't think it has been at all apt to date, but it could become so simply in terms of the concept of quagmire. If you don't learn the lessons of the past, George Santayana once wrote, we are doomed to repeat them. But I don't think it's Vietnam. There were different interests, different rationales, and different possibilities. But if the administration doesn't bring the world to our side and it continues the way it is today, it gets much more difficult.

Salvatore: Senator, how do we put an end to terrorism, to their ongoing recruitment efforts, if terrorist sympathies are so deeply embedded in the hearts and minds of a culture?

Senator Kerry: It takes a lot of public diplomacy with other countries and a lot of making it clear to people that the world is going to stand together against acts of terror. Terror is unacceptable in any form or shape, but we also need to understand one of the reasons why there is such a ready recruitment tool, and we need to think about the ways that we can reduce that. A very significant part of the effective war on terror is nonmilitary—the economic engagement, the dialogue about religious differences, the tolerance. That has been overwhelmed by the military response of this administration, and CONTINUED

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the rush to war without a legitimate plan to win the peace, and without a legitimate international coalition.

I think there's much we can do to change the atmospherics globally if we were to respond in a more thoughtful way to issues like North Korea, global warming, AIDS. Every poll shows the United States of America at its lowest ebb in modern memory in terms of how nations regard us. And we need to be concerned about that. I think it's going to take a new president with a different vision, and I have a vision as to how we can reach out to the world more effectively. We can gain a higher ground in our efforts to deal with terror as a consequence of that, and we would build a greater cooperation with other countries in that effort.

Salvatore: Senator, we are all experiencing the upgrade in airport security, but far less money has been spent on rail and train security. Do you think that rails are securable in a meaningful way and would that top your priorities?

Senator Kerry: I think you can do more than we have done. The test is not, "Are we safer today?" the test is, "Are we as safe as we ought to be today?" I acknowledge there are some limits, and you can't harden every target in America. If someone wants to commit suicide, he can most likely find a place to do injury to people. But you can take steps to reduce the probabilities of catastrophe. Nuclear plants. Chemical plants. We clearly could have better security with respect to trains and bridges and tunnels, and we also need much better security with respect to ports. We are inspecting only about 4 percent of the containers that come into America today. Experts say you've got to get up around 20 percent to begin to have deterrence. We ought to be accer ating those kinds of efforts very g nificantly. This administratin hasn't done that. They have not a vested in it. They've had other p orities called tax cuts for t wealthiest people in the country.

Salvatore: Senator, do you belie that President Bush is a false patri

Senator Kerry: No. I think he's a patriot. I think he cares abo America. But I think it's false b challenge other people's patriotis or to couch certain arguments s patriotism that only belong to yo I'm ready to acknowledge the pat otism of people with whom I enormously disagree but I don't thin they don't love their country. And think unfortunately some Republicans have been much too quick challenge anybody who raises question, to challenge their patri ism. I think it's inappropriate. challenge John McCain's service prison in Hanoi. To have cha lenged Max Cleland's *[former senat from Georgia]* commitment to cou try after he lost three limbs i Vietnam. That's just morally, fu damentally wrong.

Salvatore: Every major civil right movement in this country has ever tually prevailed. Looking throug the prism of history, do you feel tha same-sex marriage is inevitable i America as a legal right?

Senator Kerry: I can't predic what's inevitable in America. think it's important to protect pe ple's rights. And in my own perso al judgment–somebody may deem me wrong, I may be wrong–but m judgment is that balance of respect ing rights and traditional–*[His ce phone rings.]* excuse me one second.

Salvatore: Mrs. Heinz Kerry, i your opinion about same-sex mar riage different from your husband's?

Mrs. Heinz Kerry: I wish there wa

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other word other than
ion" or "contracts" that sig-
ied such a relationship. To
, a marriage has always been
m and Dad. On the other
nd, you have children who
adopted, and/or are the chil-
en of same-sex marriages–
ms and moms or dads and
ds–and that's a dilemma.
d I've been thinking about
at. So it should be acknowl-
ging a formality that's not
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I would like to be able to
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at my child or children
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om it. I'd like them to be as
elcome and as happy and as
uch a member of the family
s anyone else. I speak as a
other. And that's all I think
e owe one another–respect
nd dignity and civil rights,
nd peace.

Salvatore: Senator, you were
aying?

Senator Kerry: It's not too
lissimilar. Teresa raises an in-
eresting question. Civil union
s a way of respecting the rights
n the fullest way, providing
ou have federal assumption.
Marriage, in the way we've
hought of it in terms of men
nd women, is a way of re-
specting a traditional value that
has great meaning across the
country. I've thought of it as a
fair way of respecting both.

Mrs. Heinz Kerry: The prob-
lem is the kids.

Senator Kerry: Sweetie, I un-
derstand. But– CONTINUED

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Mrs. Heinz Kerry: a little kid who goes to school and feels like you know that mom are not married.

Senator Kerry: Yeah that not all things apply to all people, anyway.

Mrs. Heinz Kerry: No, but something else. Another word. First of all, I don't think the country is even ready to discuss this properly. It's foreign to a lot of us. And so for the time being, I would say, absolute civil rights, absolute respect, absolute dignity. And I wish we could find something that held sacred the commitment, in a way that didn't shake anybody else's foundation.

Salvatore: Senator, do you believe that a person who does not believe in God can be a good president?

Senator Kerry: I don't know. I can't tell you what somebody who doesn't believe would be able to do as president. There's no way to predict.

Mrs. Heinz Kerry: I think people who are leaders believe in something–God as we think of God, or an entity. If they only believe in themselves, they are megalomaniacs.

Salvatore: Senator, you have said that you are Catholic, and you are a legislator, but you are not a Catholic legislator. There's been a lot of discussion about the fact that President Bush has been one of the most vocal presidents in terms of his faith. Do you find the President's discussion of his faith as part of his decision-making process inappropriate?

Senator Kerry: I think it's up to the American people to judge what's appropriate or inappropriate, but I will say I personally would not choose–though I'm a person of faith–to insert it as much as the President does. I think it crosses a line, and it sort of squeezes the diversity that the presidency is supposed to embrace. It creates a discomfort level that an awful lot of folks who are Americans as fully under the Constitution as anybody else are made to feel sometimes less so. You have to balance it, and be very thoughtful about it. Most presidents always have balanced it very carefully. Ronald Reagan balanced it. Eisenhower balanced it. Kennedy. I'm not sure the President always balances it appropriately. I also believe that it's very important for Americans to have a president who really respects the Constitution in its fullest, which means the separation of church and state. At the same time, I want to emphasize that I embrace my faith, and I wouldn't hesitate in the appropriate places to talk about it. I spoke at an international prayer breakfast. I've even talked from a pulpit. But that's where it belongs.

Mrs. Heinz Kerry: I think that the pope invokes God when he proclaims dogma. It's a very powerful thing to do. And therefore, we plain mortals should be humbled by the presence of God, but always acknowledging that he's amongst all of us. But never speak as being on Verizon or AT&T communication with him. It's risky business–I wouldn't do it!

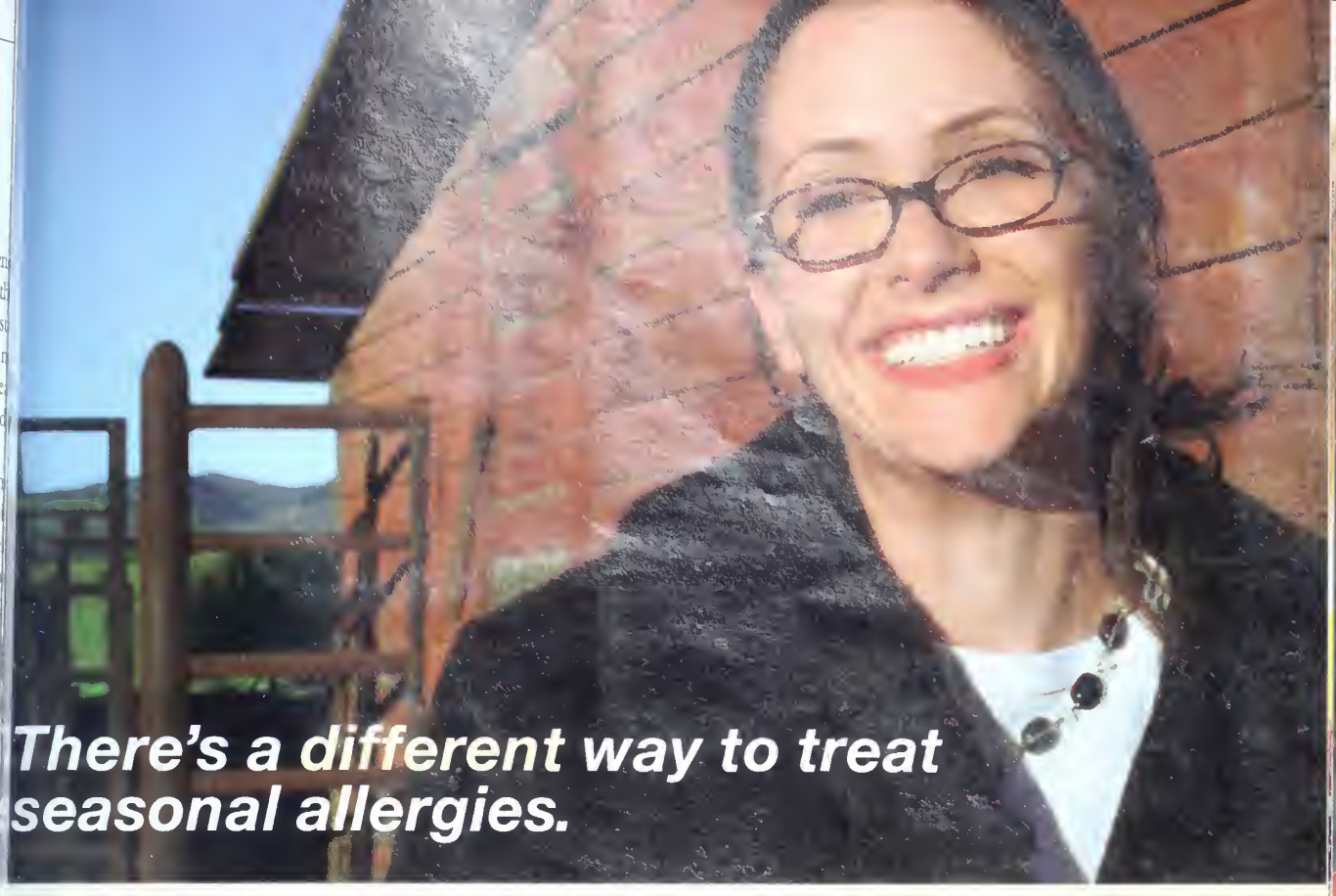
Salvatore: What do each of you find the most distressing feature of American life today, and the most noble?

Senator Kerry: The most distressing feature is the lack of time and the pressure on the average American and family which reduces their ability to parent, to give to community, to tap into the human parts of who we are. Also the lack of reading. Almost 80 percent of Americans get 100 percent of their news from television. Those two factors have a profound impact on how we reach consensus. On the other hand, I think Americans have an incredible spirit, they are remarkably resilient. Stunningly gen ous, ready to help and give to oth people and do good and be idealis People are good. De Tocqueville o ticed that. He said America is gre because Americans are good. An think it's fundamentally true.

Salvatore: Senator, you've said th you would create 10 million new jo over the first four years if you we in the White House. It sounds almo too good to be true. Is it deliverable

Senator Kerry: Absolutely. Whe Bill Clinton was president, we cre ed 11 million jobs in the first fo years. Over eight years with Bi Clinton, we created 23 million ne jobs. We are today a bigger countr and we have more workers and mo people and larger markets. Of cour we can create it, if we put our mind to investing in the creation of tho new jobs, and to pushing the curve science and technology. Alternativ renewable energy such as solar an wind. Rebuilding community roa and bridges. Rewarding companie for creating jobs in America, no abroad. There are huge possibilitie here. It's the lack of vision that's d minished the expectations of a lot o people about what we can do.

President Bush is the first pres dent since Herbert Hoover to los jobs during his term–2.8 million job lost. And no matter what we creat this month, or next month, he's no going to wind up with a net creatio of jobs in his four years. He coul have. That's why Warren Buffet an Bob Rubin, who presided over tha great Clinton economy, are support ing me. Because they know this fisca policy is wrong. They know we can make more responsible choices fo our future. We have to get back on the right track, and that's what I want to do.



SINGULAIR IS THE ONLY SEASONAL ALLERGY MEDICATION THAT SPECIFICALLY BLOCKS *LEUKOTRIENES*. Many existing allergy medicines block histamine. SINGULAIR is different. It works by blocking leukotrienes (loo-koh-TRY-eens). Leukotrienes are an underlying cause of allergy symptoms. They are substances produced in your body that can make you feel uncomfortable during allergy season.

HELPS RELIEVE A BROAD RANGE OF SYMPTOMS. A single SINGULAIR tablet a day helps relieve a broad range of seasonal allergy symptoms for a full 24 hours. SINGULAIR is also available in a cherry chewable tablet for children 2 to 14 years of age. In clinical studies, SINGULAIR was not associated with drowsiness. SINGULAIR should be taken once a day, as prescribed. SINGULAIR is available by prescription only.

IMPORTANT INFORMATION: In clinical studies, side effects were usually mild and varied by age, and included headache, ear infection, sore throat, and upper respiratory infection. Side effects generally did not stop patients from taking SINGULAIR. SINGULAIR should not be taken by people who are sensitive to any of its ingredients.

Ask your doctor about SINGULAIR for your seasonal allergies.
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Patient Information

SINGULAIR (SING-u-lair) Tablets, Chewable Tablets, and Oral Granules

Generic name: montelukast (mon-te-LOO-kast) sodium

Read this information before you start SINGULAIR. Also, read the leaflet when you refill SINGULAIR, in case there is new information in the leaflet since the last time you refilled. This does not take the place of talking with your doctor about your medical condition.

What is SINGULAIR®?

- SINGULAIR is a medicine called a leukotriene receptor antagonist. It works by blocking substances in the body called leukotrienes. Blocking leukotrienes improves asthma and seasonal allergic rhinitis (also known as hay fever). SINGULAIR is not a steroid.

SINGULAIR is prescribed for the prevention and treatment of asthma and for the relief of symptoms of seasonal allergic rhinitis.

1. Asthma
   SINGULAIR is prescribed for the long term management of asthma in adults and children ages 12 months and older.

   Do not take **SINGULAIR for the immediate relief of an asthma attack.** If you get an asthma attack, you should follow the instructions your doctor gave you for treating asthma attacks. (See the end of this leaflet for more information about asthma.)

2. Seasonal Allergic Rhinitis.
   SINGULAIR is used to help control the symptoms of seasonal allergic rhinitis (sneezing, stuffy nose, runny nose, itching of the nose) in adults and children ages 2 years and older. (See the end of this leaflet for more information about seasonal allergic rhinitis.)

Who should not take SINGULAIR?

Do not take SINGULAIR if you are allergic to SINGULAIR or any of its ingredients.

The active ingredient in SINGULAIR is montelukast sodium.

See the end of this leaflet for a list of all the ingredients in SINGULAIR.

What should I tell my doctor before I start taking SINGULAIR?

Tell your doctor about

- **Pregnancy**: If you are pregnant or plan to become pregnant, SINGULAIR may not be right for you.
- **Breast-feeding**: If you are breast-feeding, SINGULAIR may be passed in your milk to your baby. You should consult your doctor before taking SINGULAIR if you are breast-feeding or intend to breast-feed.
- **Medical Problems or Allergies**: Talk about any medical problems or allergies you have now or had in the past.
- **Other Medicines**: Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, and herbal supplements. Some medicines may affect how SINGULAIR works, or SINGULAIR may affect how your other medicines work.

How should I take SINGULAIR?

For adults or children 12 months of age and older with asthma

- Take SINGULAIR once a day, in the evening.
- Take SINGULAIR every day for as long as your doctor prescribes it, even when you have no asthma symptoms.
- You may take SINGULAIR with food or without food.
- If your asthma symptoms worsen, you need to increase the use of your short-acting inhaled asthma attacks, call your doctor.
- **Do not take SINGULAIR for the immediate relief of an asthma attack.** If you get an asthma attack, you should follow the instructions your doctor gave you for treating asthma attacks.
- Always have your inhaled short-acting asthma attacks with you.
- Do not stop taking or lower the dose of your asthma medicines unless your doctor tells you to.
- If your doctor has prescribed an inhaled asthma medicine for you to use before exercise, keep using this medicine unless your doctor tells you not to.

For adults and children 2 years of age and older with seasonal allergic rhinitis.

- Take SINGULAIR once a day, in the evening time each day.
- Take SINGULAIR every day for as long as your doctor prescribes it.
- You may take SINGULAIR with food or without food.

How should I give SINGULAIR oral granules to my child?

Do not open the packet until ready to use.

SINGULAIR 4-mg oral granules can be given either

- directly in the mouth; OR
- mixed with a spoonful of one of the following soft foods at cold or room temperature: applesauce, mashed carrots, rice, or ice cream. Be sure that the entire dose is mixed with the food and that the child is given the entire spoonful of the mixture right away (within 15 minutes).

IMPORTANT: Never store any oral granule/food mixture for use at a later time. Throw away any unused portion.

Do not put SINGULAIR oral granules in liquid drink. However, your child may drink liquids after swallowing the SINGULAIR oral granules.

What is the daily dose of SINGULAIR for asthma or seasonal allergic rhinitis?

For Asthma (Take in the evening):

- One 10-mg tablet for adults and adolescents 15 years of age and older,
- One 5-mg chewable tablet for children 6 to 14 years of age,
- One 4-mg chewable tablet or one packet of 4-mg oral granules for children 2 to 5 years of age, or
- One packet of 4-mg oral granules for children 12 to 23 months of age.

For Seasonal Allergic Rhinitis (Take at about the same time each day):

- One 10-mg tablet for adults and adolescents 15 years of age and older,
- One 5-mg chewable tablet for children 6 to 14 years of age, or
- One 4-mg chewable tablet or one packet of 4-mg oral granules for children 2 to 5 years of age.

What should I avoid while taking SINGULAIR?

If you have asthma and if your asthma is made worse by aspirin, continue to avoid aspirin or other medicines called non-steroidal anti-inflammatory drugs while taking SINGULAIR.

What are the possible side effects of SINGULAIR?

The side effects of SINGULAIR are usually mild, and generally did not cause patients to stop taking their medicine. The side effects in patients treated with SINGULAIR were similar in type and frequency to side effects in patients who were given a placebo (a pill containing no medicine).

The most common side effects with SINGULAIR include:

- stomach pain
- stomach or intestinal upset
- heartburn
- tiredness
- fever
- stuffy nose
- cough
- flu
- upper respiratory infection
- dizziness
- headache
- rash

Less common side effects that have happened with SINGULAIR include (listed alphabetically):
agitation including aggressive behavior, allergic reactions including swelling of the face, lips, tongue, and or throat, which may cause trouble breathing or swallowing), hives, and itching, bad vivid dreams, increased bleeding tendency, bruising, diarrhea, hallucinations (seeing things that are not there), hepatitis, indigestion, inflammation of the pancreas, irritability, joint pain, muscle aches and muscle cramps, nausea, palpitations, pins and needles numbness, restlessness, seizures (convulsions or fits), swelling, trouble sleeping, and vomiting.

Rarely, asthmatic patients taking SINGULAIR have experienced a condition that includes certain symptoms that do not go away or that get worse. These occur usually, but not always, in patients who were taking steroid pills by mouth for asthma and those steroids were being slowly lowered or stopped. Although SINGULAIR has not been shown to cause this, you must tell your doctor right away if you have one or more of these symptoms:

- a feeling of pins and needles or numbness in arms or legs
- a flu-like illness
- rash
- severe inflammation (pain and swelling) of the sinuses (sinusitis)

These are not all the possible side effects of SINGULAIR. For more information ask your doctor or pharmacist.

Talk to your doctor if you think you have side effects from taking SINGULAIR.

General Information about the safe and effective use of SINGULAIR

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SINGULAIR for a condition for which it was not prescribed. Do not give SINGULAIR to other people even if they have the same symptoms you have. It may harm them. **Keep SINGULAIR and all medicines out of the reach of children.**

Store SINGULAIR at 25°C (77°F). Protect from moisture and light. Store in original package.

This leaflet summarizes information about SINGULAIR. If you would like more information, talk to your doctor. You can ask your pharmacist or doctor for information about SINGULAIR that is written for health professionals.

What are the ingredients in SINGULAIR?

Active ingredient: montelukast sodium

SINGULAIR chewable tablets contain aspartame, a source of phenylalanine.
Phenylketonurics: SINGULAIR 4-mg and 5-mg chewable tablets contain 0.674 and 0.842 mg phenylalanine, respectively.

Inactive ingredients:

- 4-mg oral granules: mannitol, hydroxypropyl cellulose, and magnesium stearate.
- 4-mg and 5-mg chewable tablets: mannitol, microcrystalline cellulose, hydroxypropyl cellulose, red ferric oxide, croscarmellose sodium, cherry flavor, aspartame, and magnesium stearate.
- 10-mg tablet: microcrystalline cellulose, lactose monohydrate, croscarmellose sodium, hydroxypropyl cellulose, magnesium stearate, hydroxypropyl methylcellulose, titanium dioxide, red ferric oxide, yellow ferric oxide, and carnauba wax.

What is asthma?

Asthma is a continuing (chronic) inflammation of the bronchial passageways which are the tubes that carry air from outside the body to the lungs.

Symptoms of asthma include:

- coughing
- wheezing
- chest tightness
- shortness of breath

What is seasonal allergic rhinitis?

- Seasonal allergic rhinitis, also known as hay fever, is an allergic response caused by pollen from trees, grasses and weeds.
- Symptoms of seasonal allergic rhinitis may include:
  - stuffy, runny, and/or itchy nose
  - sneezing

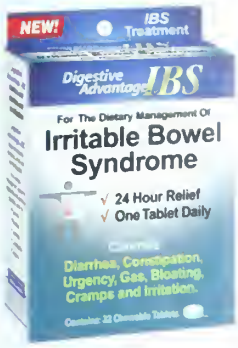
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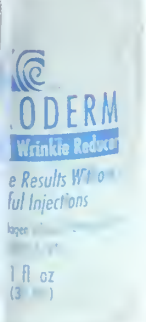
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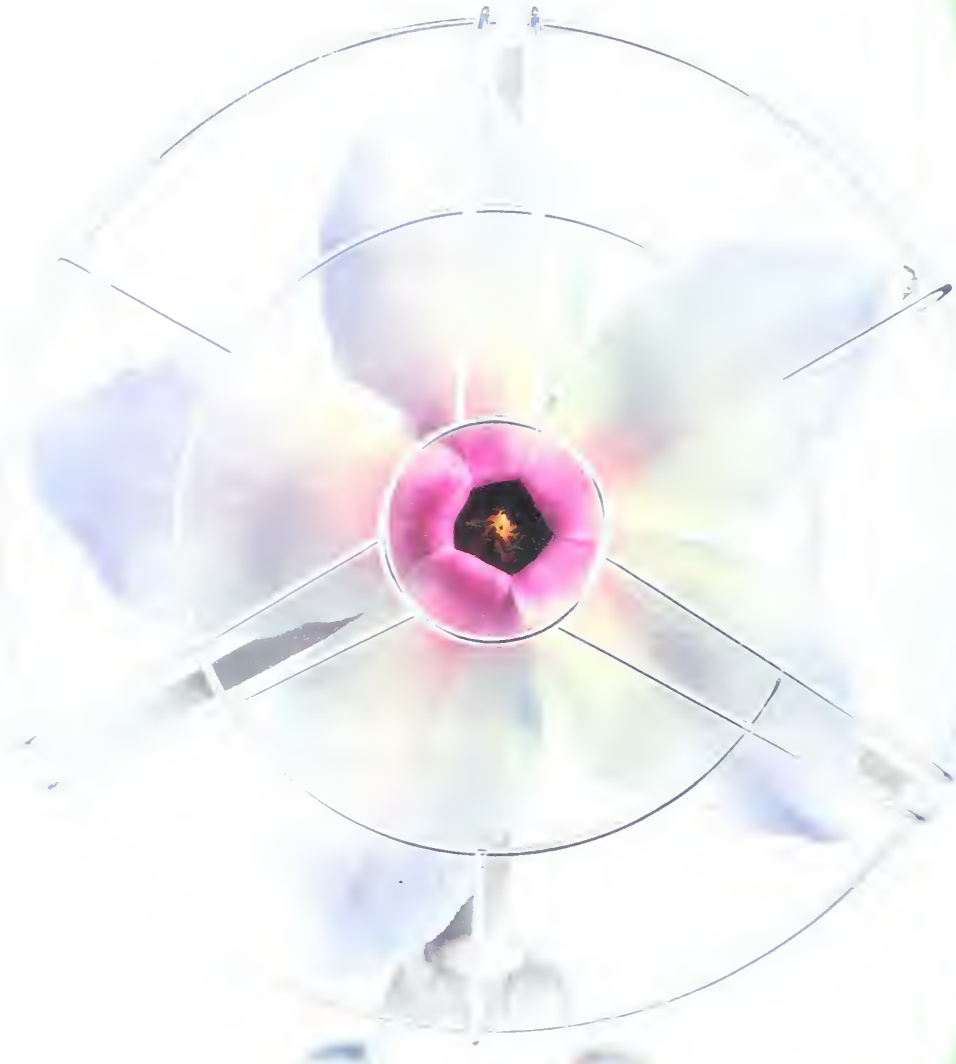
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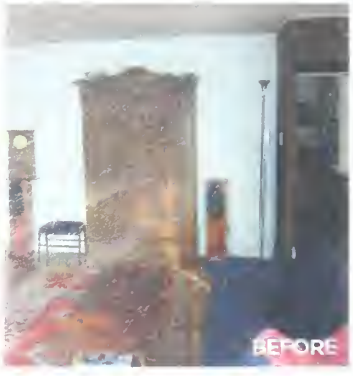



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A Family-Friendly Playroom

When you start a family, your furniture and decorating style had better be up to the challenge. But that doesn't mean your house has to look like an exercise in childproofing

When they married five years ago, freelance photographers Miki Duisterhof and Steven Boljonis were content to live the fast-paced New York City life. The charming three-bedroom house on the edge of a lake that they bought in northwest Connecticut was simply a place to retreat to on weekends. But when the couple decided to start a family—Merlyn, their son, is now 4 years old, and daughter Arabella is 2½—things changed mighty quickly. Room to grow and a backyard to play in were no longer luxuries but necessities, and weekends turned into



Mitchell Gold's Alex sofa is smartly slipcovered in durable white denim—a fabric easy to keep clean because it can simply be tossed in the washer as needed. A chocolate brown and turquoise striped quilt from Modernseed.com adds a jolt of playful color, and throw pillows made of fabrics from SeaCloth visually tie in the sofa with the other fabrics in the room

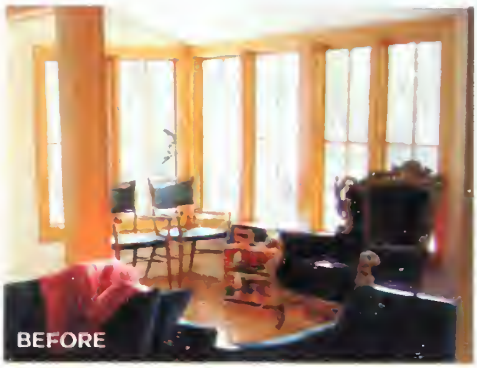
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longer an [illegible] until the couple decided to move to Connecticut permanently.

To get the house into shape for full-time living, the couple decided to enclose the covered porch with a wall of windows and adjoin it to the existing family room. The space, although [illegible] presented them with a [illegible] challenges: The sleek, modern [illegible] pieces that had worked well in their [illegible] apartment suddenly seemed out of place in the expansive, sunlit space. And with two small kids and their ever-growing collection of toys, there weren't enough storage spots to keep the room clutter-free. And lastly, how could they make the room kid-friendly yet also sophisticated enough to entertain friends?

Amy Leonard and Ingrid Leess, a team of Connecticut-based designers, came to the rescue with a few easy-to-do and absolutely affordable design solutions. The first step was to divide the space, already truncated by the former porch columns, into several distinct areas: a dining space, a play area, a window nook and a seating/entertaining area. To demarcate the spaces and to add some color to the sunny



(below left) This window seat was constructed from two love seats set into the corner. The seat cushions are held onto the wooden surfaces with strips of self-adhesive Velcro brand tape—a quick, hassle-free trick Leonard and Leess rely on. *(right)* In its former life, this sunny corner was virtually unused. Now, a dining table and chairs has transformed it into a delightful spot for family board games







'hat Costs

sting cushions on low, vintage love s, slipcovered in yards of Archidot em, a screen- ted linen fabric SeaCloth: $292 he fabric, plus **2** 9-by-12-foot l Venlo Bone rug Twill Oatmeal der from Smith oble Rug Studio: 9 **3** Hellum pile rug reen from Ikea: **4** Rock-It chair n Modernseed.com: **5** Two Lack coffee es from Ikea: $39 h **6** Existing club irs slipcovered in yards of Tile Leaf tern in Stem, a een-printed linen l cotton fabric from Cloth: $438 for ric, plus labor **7** inch Alex sofa with te denim slipcover n Mitchell Gold: '65 **8** X table lamp, ght on eBay.com: 0 **9** One gallon of uaVelvet paint in avishing Red," njamin Moore: $32 Maple veneer oinet with powder- ated steel doors and awers, bought on ay.com: $649









(left) Slipcovers made from sage and off-white linen from SeaCloth transformed the leather club chairs and window seat into comfy spots. The slipcover's Velcro fasteners make for a quick on and off when it's time to launder. (above, right) A rug from Ikea provides a soft landing for bare feet. Paint from Benjamin Moore in a bold red-orange warms up the kids' play area





room, the corner walls in the kids' play area were painted a vibrant reddish orange.

In the seating area, Leonard and Leess replaced the family's modern sofa with a clean lined slipcovered one, and spruced up the leather club chairs with citrus-green linen slipcovers. They also re-covered a pair of low vintage love seats in a lively sage-and-white geometric fabric and placed them in the corner under the windows. Finishing touches included an oatmeal-colored wool rug, two simple, light-wood coffee tables joined together to create one generous surface, a chic cubbyhole cabinet purchased on eBay for the kids' play area, and a floor and table lamp that balance each other perfectly on either side of the sofa.

The family is thrilled with their new hangout. Miki finds her family uses areas of the room in ways they hadn't considered before. "I love that the window seat is low enough to allow for a great view of the lake. And my husband's favorite spot has become the very comfortable sofa—mostly, I think, because he can enjoy the spectacular view and play with the kids, all while keeping an eye on the football game on TV!"

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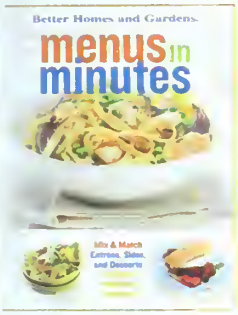
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Jan 5	[illegible]	[illegible]	[illegible]	Aug 28	Syracuse, NY
Jan 6	[illegible]	[illegible]	[illegible]	Aug 29	Pittsburgh, PA
Jan 25	[illegible]	[illegible]	[illegible]	Sept 4	Albuquerque, NM
Jan 26	[illegible]	[illegible]	[illegible]	Sept 11	Grand Prairie, TX
Jan 2	[illegible]	[illegible]	[illegible]	Sept 18	Phoenix, AZ
Jan [illegible]	[illegible], UT	[illegible]	[illegible]	Sept 19	Portland, OR
Jan 9	[illegible]	[illegible]	[illegible]	Sept 25	Omaha, NE
Jan 10	[illegible]	[illegible]	[illegible]	Sept 26	Grand Forks, ND
Jan 11	[illegible], CA	[illegible]	[illegible]		

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(Clockwise from top right) Kaw Soe Win and Naw Win May in their new kitchen; with the kids during construction; daughters Tabetha and Christina; the girls with Mom and Dad on the front lawn

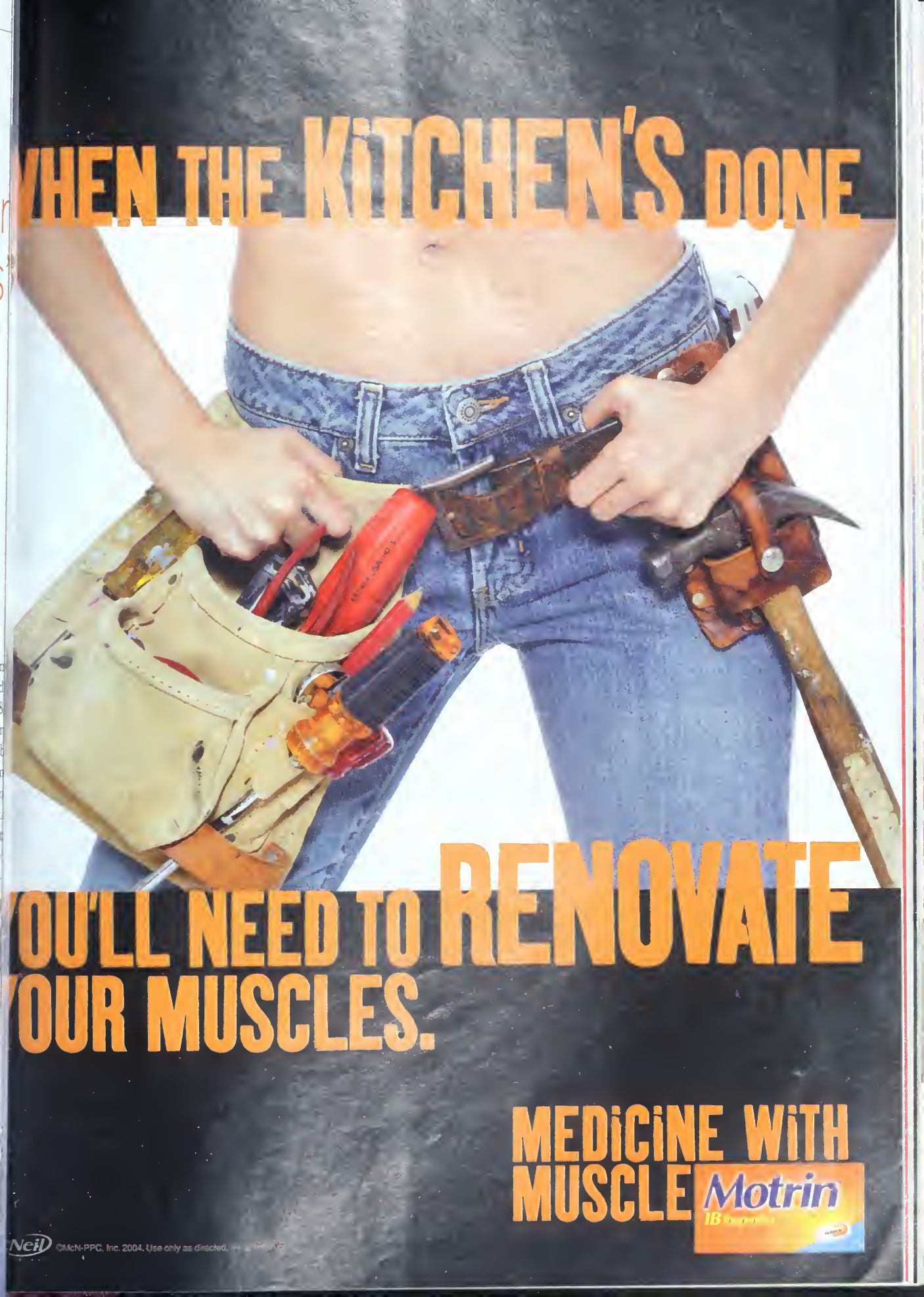
Kaw Soe Win fled a brutal Burmese dictatorship in pursuit of a safe haven for his family. Thanks to Habitat, they found a house, happiness—and a bright future

BY ANNE CASSIDY

On a bright summer day last June, Burmese refugee Kaw Soe Win, his wife and their seven children dressed in colorful native costumes to celebrate the completion of their new home in Utica, New York. Kaw Soe had prepared a few remarks to thank the Habitat volunteers and say how much they and all of his new American friends meant to him. "We came from a land where we faced poverty and persecution, but now we have a real home—built not just with materials and sweat, but with love," the 65-year-old said. "It is truly a blessing from God."

When Kaw Soe and his family arrived in Utica in October 1999, it was indeed the end of a long, painful odyssey. He grew up in a small village in southern Myanmar (formerly known as Burma) and, as the son of a Baptist minister, was educated by Christian missionaries. After two years studying economics at Rangoon University, he became an accounts clerk in the government's agriculture department. But like many of his countrymen, he chafed at the repressive, brutal, military dictatorship that has ruled Myanmar since 1962, which routinely drove citizens from their homes, coerced the into forced labor, and imprisone tortured and killed them. In 196 Kaw Soe, who belongs to the mino ity Karen ethnic group, quit his j and joined the Karen National Unio (KNU), a resistance organizatio waging war against the governmen "I wasn't fighting with weapons, bu with pen and paper. We were simpl trying to restore democracy and hu man rights," says Kaw Soe, who trav eled through the countryside urgin people to join. It was dangerou work, and he was paid only witl food and lodging.

While organizing in southern Myanmar in 1972, he met Naw Wi May, a nurse's assistant with the KNU. The couple fell in love and married the following year, then worked side by side until the birth of their son in 1977. Settling in a town in the southwest, the couple had another son and five daughters CONTINUED


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the next decade, and Naw Win devoted her attention to caring for them while Kaw Soe continued to work for the democracy movement and travel from village to village. In 1995, government troops launched a major offensive against the KNU and occupied their headquarters. The organization began to splinter and, fearing for their lives, the Wins fled to Thailand.

For two years the family lived in bamboo huts in jungle refugee camps. But they were still in danger, since the camps harbored enemy informers and were often raided by Burmese government troops. The Wins were greatly relieved when they were granted United Nations refugee status in 1997 and were permitted to move to Bangkok, where they applied at the U.S. Embassy for refuge here. After spending a month in an immigration detention center, they moved into an apartment with the help of friends. It would be two long years—during which the family received financial assistance from the U.N.—before the State Department, in conjunction with a local refugee organization, sponsored their move to Utica.

When the Wins arrived in New York—with only a few suitcases to their name—they were met by members of the Mohawk Valley Resource Center for Refugees, which had rented an apartment for them and registered them for public assistance. In addition to providing English classes, the center also helped Kaw Soe and Naw Win find jobs and enroll their children in school. For spiritual sustenance, the family joined the Tabernacle Baptist Church, where they became active members and aided other Karen refugees in Utica. After Kaw Soe and Naw Win secured assembly line work at ConMed, a medical technology company, they began to long for a home of their own. Tabernacle pastor Mark S. Caruana convinced them to apply for a Habitat house in June 2002, and the family was approved in October.

The Wins jumped into home-building with passion. A nine-person family and willing friends were able, in a matter of months, to log the 500 hours of sweat equity required to close on their new house on Steuben Street, one of three Habitat homes on the block. The project started with a "blitz build," which meant that much of the co



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struction happened during a three-day period in April 2003. On the first day, when more than 100 volunteers—including police officers, firefighters and Utica Mayor Timothy Julian—showed up, the Wins were astonished. The last time they built a house, it was a bamboo hut in Thailand—and they did it all themselves. "I remember people painting and carrying heavy boards—and Mayor Julian on the roof with a hammer in his hands," says Kaw Soe. "This project had a great deal of support from this city," says Sharon Smith, vice president of Oneida County Habitat for Humanity. "By day's end, the house was up, doors and windows installed, and part of the roof on. It was amazing to watch."

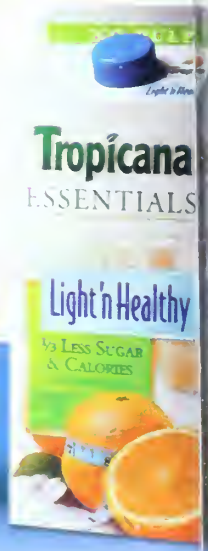
Since the Wins moved into their four-bedroom house, the family has been thriving. Four of the daughters have already graduated high school and gone on to college: Ruth, 23, and Kaneh Paw, 21, both study nursing in Buffalo; Esther, 18, is a freshman at Erie Community College; and Tabetha, 20, studies banking and insurance at Mohawk Valley Community College in Utica. The girls receive financial assistance from their schools and have student loans as well. The Wins's youngest child, Christina, 16, is still in high school, and lives at home with Tabetha and her big brothers, Lawkwa Htoo, 27, and Simon, 25. The boys, who were already past high-school age when they came to the U.S., have worked at restaurants, a nursing home and a local casino in order to contribute money to the household—and the $341 monthly mortgage payments. They also take college classes when they can.

While all the children can still remember the harrowing years in Myanmar, they now savor small pleasures that most of us take for granted. "It's very different here," says Tabetha, who was 15 when the family came to the U.S. "People aren't poor, they have freedom, and they are safe." For his part, Kaw Soe is most grateful for the kindness shown by so many in Utica. "When we arrived, we felt like strangers," he says. "But thanks to Habitat, the Tabernacle church, and friends, we don't feel that way any more. Now we feel at home."

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WHY THIRSTY KIDS ARE AT RISK

You know how important it is to have kids drink plenty of fluids after exercising or playing outside in the summer. But it's just as important to have them drink *before*, says Douglas Casa, Ph.D., a research associate at the Human Performance Laboratory of the University of Connecticut, in Storrs. "The better hydrated the child is at the start of an activity, the less physically challenging the activity will be," he says. "Without proper hydration, a child's heart must work much harder during exercise, and she is at greater risk of suffering from heat exhaustion or heat cramps." To keep your child safe, Dr. Casa recommends having her drink 12 to 16 ounces of water or a sports drink three hours before activity, and then another 8 ounces 10 to 15 minutes before heading outside. Avoid sugary sodas containing caffeine, which can make the problem worse. ***—Jen Matlack***



Is Fish Oil a Miracle Cure?

Americans are buying fish-oil supplements to the tune of $135 million a year. What's fueling the frenzy? The substance is rich in omega-3 fatty acids, which proponents claim may ease the symptoms of arthritis and ADD, fight depression and even lower the risk of Alzheimer's disease. But by far, fish oil's biggest claim to fame is that it'll keep your heart healthy. The American Heart Association recommends that people who have high triglycerides or heart disease eat fish *and* take a fish-oil supplement under a physician's guidance. But does that mean the rest of us should follow suit? Not necessarily. In fact, experts agree that supplements shouldn't take the place of eating fish—even if you are concerned that fish may contain mercury or other toxins. If you do need a fish-oil supplement, doctors recommend 500 mg to 2 grams a day. Don't assume that if a little is healthy, a lot is even better. Too much may thin your blood, keeping it from clotting properly. Finally, beware that some supplements can trigger fishy-smelling belches.

—Catherine Winters



THE SECRET TO A BETTER WORKOUT

Can't decide whether to tune in to CNN or plug in to Sarah McLachlan while you huff and puff on the treadmill? Choosing music will do the double duty of boosting your brainpower. Exercise increases blood flow and thus oxygen in the bloodstream, which means your brain chemicals can do their job more efficiently. But adding music to the mix, whether it's Chopin or Coldplay, brings something more to the party, says Charles Emery, Ph.D., a clinical psychologist at Ohio State University, in Columbus. Although experts aren't sure why, exercising with music further stimulates the brain's frontal lobe, which enhances problem-solving skills and your ability to keep track of complex information, such as your kids' schedules. These effects last 20 to 30 minutes after exercise, another great reason to work out regularly. *–Tricia O'Brien*

WHEN SEX HURTS



Vaginal pain severe enough to stop a woman from having sex, or even inserting a tampon, is more common than doctors have been aware, according to a recent survey of more than 1,000 women published in the *Journal of Lower Genital Tract Disease*. As many as 30 percent of women surveyed said they had experienced such pain, and 3 percent reported having chronic pain lasting at least three months.

This serious yet underreported condition, known as vulvodynia, may be caused by hypersensitive nerves at the opening of the vagina. It's characterized by irritation, burning and itching to the point where it can affect a woman's daily life and even threaten her marriage. Doctors aren't sure what triggers the hypersensitivity, but they suspect injury to the nerves (caused by a physical blow or an infection) or spasms of the muscles that support the pelvic organs, which can send misguided signals to the nervous system. "Many women put up with the pain not knowing that they have an actual ailment," says Barbara Reed, M.D., a professor of family medicine at the University of Michigan, in Ann Arbor. "Or they think they have a yeast infection that can be treated with over-the-counter medications."

Even when women do go to their doctor for the condition, it is often incorrectly diagnosed because some physicians may not be familiar with vulvodynia, says Gae Rodke, M.D., a senior attending physician at St. Luke's Roosevelt Hospital Center, in New York City, and co-author of *The Vulvodynia Survival Guide*. The nerve disorder is difficult to diagnose because the symptoms mimic other common conditions such as yeast or bacterial infections.

The first line of defense is prescription medication to control nerve sensitivity and blunt the burning sensation. Another option is biofeedback therapy. In severe cases, surgery to remove sensitive tissue may be necessary.

If you suspect you have vulvodynia, talk to your doctor. "Using the term 'vulvodynia' will clue in the physician to learn more about how to treat it or refer you to someone who can," says Dr. Reed. Or try the nonprofit National Vulvodynia Association, *www.nva.org*. —*Rachel Grumman*

A Lifesaving Heart Test

Has your doctor ever listened to your heart while you were lying on your left side or sitting up and leaning forward? She should. It's the best way to hear the kind of heart murmur that could signal valvular heart disease, a little-known but serious condition that's the main cause of sudden heart failure. It affects millions of Americans, including about 4 percent of those under age 35. By age 75, more than half of us will be affected. But most doctors don't always hear the murmur that signals a valve problem, or don't think it warrant further testing. Here's what you need to know about this potentially deadly condition.

WHAT IT IS An abnormality of one of the heart's four valves that causes the heart to pump overtime to move blood to the rest of the body. Eventually, all that extra work can wear out the heart.

WHAT CAUSES IT You can be born with a valve abnormality, or a valve can be damaged by a bacterial or viral infection.

SYMPTOMS Red flags include tiring easily during exercise, difficulty breathing, discomfort in the center of the chest or fainting. Many people have no symptoms, so the condition often isn't diagnosed until the heart muscle has been irreparably damaged.

TREATMENT If your doctor hears a heart murmur, she should send you for an echocardiogram to pinpoint the kind of valve problem you might have. Though promising treatments are in the pipeline, there's no cure. Some drugs work for some patients, but more research is needed. If the disease progresses, you may need surgery to repair or replace the damaged valve. —*Catherine Winters*

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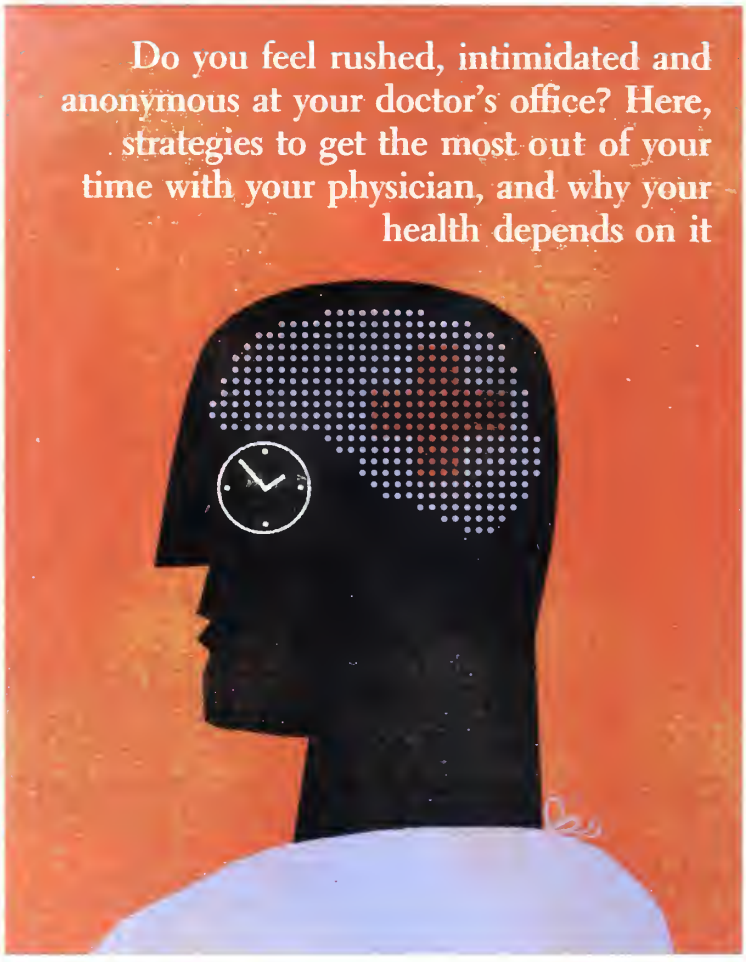


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How to Have a Healthy Doctor-Patient Relationship

Do you feel rushed, intimidated and anonymous at your doctor's office? Here, strategies to get the most out of your time with your physician, and why your health depends on it



First you spend an interminable 45 minutes in the waiting room. Then, shivering nervously in a flimsy paper gown, you wait some more in the exam room. Finally, the door opens and Dr. X enters, your chart in hand. He asks (without taking his eyes off the paper in front of him) why you're there. He is so clearly rushed that you become flustered, forget all the questions you were planning to ask and instead mumble a few cursory comments. Only later, back at the receptionist's desk when you're paying the bill, do you get annoyed. *What's wrong with this picture?* you ask yourself. Here it is. Dr. X's show, with his name on the marquee, and he made only a cameo appearance!

Welcome to the world of modern medicine—a highly bureaucratized, increasingly impersonal system that at times seems more focused on the bottom line than on healing. We ordinary consumers, caught amid the tangle of conflicting interests and agendas, often feel exasperated by the hurdles we must clear before we even make it into the office of our primary-care provider, let alone that of a specialist. So perhaps it's understandable that our frustration with the system tends to focus on its most visible symbol: doctors themselves. But in truth, physicians today feel as squeezed and battered by the changes in their chosen profession as patients do.

Take the hot-button issue of compensation. Despite the public perception that they rake in money hand over fist, many primary-care doctors (who emerge from medical school with an average debt of $104,000) have seen their incomes flatten, or even drop, over the past decade. Those in primary care have been particularly hard hit. Family physicians reported a mere 2.3 percent increase in income (to a national CONTINUED

BY LORRAINE GLENNON

The last time you quit smoking you forgot to tell your brain.

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average of $149,000 annually) from 2001 to 2002; internists experienced a 1.8 percent decline (to $148,000); and pediatricians saw their incomes drop by 3.8 percent (to $144,000), according to the American Medical Group Association, an advocacy organization in Alexandria, Virginia. "Many doctors have to see more patients than ever before to make ends meet," says Kevin J. Soden, M.D., a former emergency-room physician and a co-author of *Special Treatment: How to Get the Same High-Quality Health Care Your Doctor Gets.* So, like many of us, doctors are working harder for less pay.

Doctors have to see more patients to cover their costs; no wonder a checkup can feel like a cattle call

But that's not doctors' only gripe. Big insurers have pared down the fees they pay to providers, which in any case cover only patient visits and not follow-up calls, consultations with colleagues or the host of administrative expenses associated with running a medical practice. Doctors' expenses are increasing, too. For example, malpractice insurance has gone through the roof. In extreme cases, these problems can lead a doctor to shun, or to drop, a specialty he loves. In the high-risk field of obstetrics, for instance, "the liability problem has reached a crisis point," says Thomas Purdon, M.D., president of the American College of Obstetricians and Gynecologists. With malpractice insurance either prohibitively expensive (it can run as high as $300,000 a year in some states) or worse, not even available (some big insurers have simply stopped offering it), obstetricians are in increasingly short supply.

Indeed, such liability worries were cited as the biggest source of professional frustration (28 percent) in a survey of doctors by Merritt, Hawkins & Associates, a physician search firm, in Irving, Texas. That was followed by problems with managed care and Medicare/Medicaid regulations (16 percent and 13 percent, respectively). Perhaps the survey's most shocking finding: 52 percent of the doctors polled (all of whom were age 50 to 65) said they would not choose medicine as a career if they had it to do over, and 64 percent said they would not encourage their children or other young people to enter the profession.

By almost any reckoning, then, doctors today face a decidedly more difficult environment than they did a generation ago. For us as patients, the most salient symptom of the strain on physicians has been widespread overscheduling—a doctor's attempt to see a greater number of patients in the same amount of time. For most, it's a matter of simple economics: As reimbursements shrink, the obvious solution is to see more patients to make up the financial shortfall. "Doctors are under enormous pressure," says Dr. Soden. "Because their incomes have been cut back on every level for lots of reasons, they think, *I have to make up for lost income, but I can't spend more time at the office.* So they figure, *I'll just cram more appointments into a given hour.*" According to the National Center for Health Statistics, the majority of office visits today last fewer than 15 minutes, down from the once-standard 20 to 30 minutes. On the basis of what he's observed recently, Dr. Soden estimates that actual doctor-patient face time averages more like eight minutes per visit.

"A common approach to the business of modern health care, to put it bluntly, is to keep waiting rooms full at all times," says Edwin Trautman, Ph.D., president of RMF Strategies, a Cambridge, Massachusetts, firm that assesses malpractice risk for physicians. "Staying constantly busy is viewed as the only way to pay the high cost of the overhead, which includes not only rent and staff salaries but expensive technology as well."

No wonder so much about modern medicine has the feel of a cattle call. Moreover, the cost of care, after a decade of surprising relative stability, is skyrocketing again. And this time around, patients are paying more. No more of those increases out of their own pockets, as profit-pinched corporations either cut health-insurance coverage or simply pass along the price increased premiums to the employees themselves. For most of us this amounts to a de facto pay cut.

The upshot is that consumers remain broadly skeptical about their ability to get the health care they need at a cost they can afford. Continuity of care (hard to come by when you're constantly being forced to change health plans) remains a top worry. In addition, more than half of Americans are concerned that if they become sick, their health plan will be more focused on saving money than providing the best treatment for them, according to Kaiser Family Foundation/Harvard School of Public Health research. And their confidence declines as they look CONTINUED

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ahead to the next 10 years and to Medicare, according to the Employee Benefit Research Institute.

PHYSICIAN, HEAL THYSELF

Amid this assigning of blame, perhaps the most important first step for any patient is to remind yourself that you and the doctor are on the same side. You share a common goal: to keep or to make you well. It is in both your interests to cooperate with and support each other. "Good care always comes down to successful collaboration between the physician and the patient," says Marianne Legato, M.D., professor of clinical medicine at Columbia University College of Physicians and Surgeons, and founder and director of the Partnership for Gender-Specific Medicine at Columbia University, in New York City.

Sadly, however, the two parties often inadvertently work at cross purposes. At worst, this communication breakdown can result in fatal errors; at best, it diminishes the quality of care over the long haul. Part of the problem is intrinsic to the nature of the relationship: the imbalance of power between the doctor and the patient. (Pop quiz: How many doctors whom you call Dr. So-and-So address you by your first name?) This inequality often gives rise to anxiety and a reluctance on the part of women, in particular, to relax and level with their doctors.

Depending on your own degree of "health literacy," you may not understand everything the doctor says to you. In fact, nearly half of all American adults have difficulty understanding and using health information, according to a 2004 report from the Institute of Medicine, in Washington, D.C. Yet you may be too intimidated to ask for clarification. Indeed, many women say they feel discouraged from asking questions. "The doctor I used to go to always seemed so harried and rushed that I never wanted to ask anything that wasn't absolutely necessary," says Mary Chapman, a paralegal in Alexandria, Virginia. "And when I did ask, his responses tended to be curt." (Chapman has since switched to another primary-care physician.) Similarly, you may not want to volunteer information out of embarrassment or on the assumption that "she's the doctor, she should tell *me*," which in turn inhibits the doctor's ability to diagnose the problem. Also, in a tense situation involving a gloomy diagnosis, for instance, a patient can become too frightened, distracted or upset to pay proper attention to what the doctor is saying. For this reason, many experts recommend bringing along a friend or family member.

For their part, doctors tend to use jargon or clinical language, rather than plainspoken English, when talking to patients. "We physicians tend to overestimate how much patients are understanding," acknowledges Dea Schillinger, M.D., an associate professor of medicine at the University of California, San Francisco, and San Francisco General Hospital. "We think we're speaking clearly, but we may not be, and patients tend not to tell us when they're confused."

Most notoriously, doctors sometimes seem to lack "a good bedside manner," often coming across as brusque, overly blunt or even rude. "A lot of physicians, especially in the more elite fields such as surgery, don't relate that well to people," concedes Dr. Soden. "They've been focused on medicine since they were teens and often lack life experience. And with so much science to cover in the medical school curriculum, the subject of interpersonal relations gets neglected."

There's also the problem of doctors who come off as arrogant. It takes an average of only 23 seconds for a doctor to interrupt when a CONTINUED

DOCTORS: THE GOOD, THE BAD, THE BELOVED

More than 400 readers responded to our 2003 *Ladies' Home Journal* anonymous survey on doctor-patient relations on *www.lhj.com*. Here, a sample of their experiences, both good and bad.

- **"*My primary-care doctor is wonderful.* I am certain that my husband is alive today because of her. She found a heart condition in him that two other doctors had missed. She has also given us her home phone and cell phone numbers so we can get in touch with her at any time."**
- **"My doctor came into the examination room and asked me if I still smoked. I told him I've never smoked in my life. After all of these years, *he still doesn't have a clue who I am.* I'm just one of 50 people he sees a day."**
- **"*My primary-care doctor is my hero.* If he hadn't been so thorough, I wouldn't have known I had cancer until it was too late. If it had been my previous nightmare of a doctor, he would have just sent me home indicating the problem was all in my head."**
- **"On my first visit I told my doctor I had bad headaches, maybe migraines. She replied, *'Did you go to medical school?'* I replied 'no,' and then she said, 'Then how can you diagnose yourself? In my office, I tell the patients what is wrong with them. You're fine; take some aspirin.'"**

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patient is talking. a 1999 study in *The Journal of the American Medical Association* found. (On the bright side, this is five seconds longer than in 1984.) Throw out a question about M.D.s to a group of women and, between groans and eye rolls, you'll hear a litany of complaints, such as doctors' apparent belief that their time is far more valuable than their patients', their never following up or returning a phone call, and their condescending or impatient attitude toward their patients' concerns. "I once asked my doctor a question about a new drug that was featured on a morning talk show," recounts Mary Jean Wyatt, a public-relations consultant in New York City. "He said, 'The single biggest waste of physicians' time stems from health stories covered on TV.' I started looking for a new doctor the moment I left his office." Other women report their doctors' exasperation at their culling reams of information from the Internet and presenting it during their appointments.

"Most doctors just seem so full of themselves," says Denver teacher Kathleen Sandler. Her worst experiences, though, have not been with her own doctors (with whom she is generally happy), but with her children's and parents'. Interestingly, Sandler—echoing the experience of other women—says she finds it easier to stand up to doctors on family members' behalf than on her own. "Somehow, when I'm the patient, I tend to clam up," she says. "But if I'm talking to the kids' pediatrician, for example, or my mother's doctor, I get pretty assertive."

HOW TO BE A BETTER PATIENT

If women have horror stories to tell, so do physicians. Doctors have their own set of legitimate complaints: One is when patients show up late for appointments—which could be chalked up to their lack of faith that the doctor will ever be on time. Another is not following instructions (known in the trade as "noncompliance"), such as not bothering to get prescriptions filled or take medications properly. Other doctor pet peeves include patients' failure to be up-front about habits such as smoking, drug-taking and drinking; when they self-medicate with home remedies or herbal medicines; or when they show up scared to death by inaccurate medical information they've found on the Web.

Don't wait till you're walking out the doctor's door to raise the big question you've wanted to ask

A surprisingly common offense, say doctors, is the "by the way" comment, when the patient finally gets up the courage, at the last minute, to ask The Big Question. "I will have examined the patient, written her prescriptions and am about to usher her out the door when she'll say, 'By the way, doc, I've been having chest pains,'" says Dana M. Simpler, M.D., an internist in Baltimore, Maryland. "The scheduled 15 minutes of time are up, but clearly I cannot let such a serious complaint go unevaluated. So I now have to ask all the chest pain questions, have my assistant get an EKG, determine if the complaint warrants referral to a specialist or further testing or even hospitalization. I have to keep all my other patients waiting longer. And all I can think is, Why didn't she mention it first thing?"

On a broader level, many patients have wholly unrealistic expectations, says Dr. Legato. "Patients need to understand that the physician is not there to relieve all suffering with immediate intervention," she says. "At best, a physician can make an accurate assessment of what might be going on and recommendations about how it might be fixed. Actually fixing it depends on the patient. I've had patients become furious when I've told them they need a series of tests that will involve days away from work. They'll say, 'I can't afford this,' or 'I can't take the time,' or 'This will disrupt my life.' That may be true. But I always explain that it is not in my power to cure them alone. We need cooperation from them. As with so much else in life, you get what you invest: money, time, effort, attitude."

GET THE MOST OUT OF YOUR DOCTOR VISITS

While all of us may wish that health care were different, there's little most of us can do to change it. That's why it is in every woman's interest to figure out how she can maximize the precious time she spends with her doctor and thus enhance the overall quality of her care. Here are eight guidelines every woman should keep in mind.

1. **Provide your doctor with a complete background** and thorough health history.

2. "Trust your own health radar," says Philadelphia internist Marie Savard, M.D., who maintains a Web site (*www.drsavard.com*) on women's health issues. CONTINUED ON PAGE 152

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I found the strength to be their guardian angel.

www.procrit.com

If you're on chemotherapy and too tired to do the things you need to do, you may be anemic and not even know it. It's important to talk to your doctor. The fact is anemia affects 7 out of 10 chemo patients, often causing extreme tiredness, dizziness and shortness of breath. It can even affect your ability to think clearly and may cause you to interrupt your treatment. Fortunately though, there's PROCRIT. It treats chemo-related anemia by helping you regain red blood cells lost during chemotherapy. And more red blood cells can mean more strength. Help your doctor help you get back to what's important by asking about PROCRIT.

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ELACORE
Stress Mitigating Compound

Can a natural "feel good pill" shrink your BELLY FAT?

The answer may surprise you.

Excess tummy flab is not your fault: That's the startling conclusion reached by scientists who discovered stress is the likely cause of stubborn belly fat. But instead of simply identifying the problem... this time, they may have found the solution!

According to government researchers, the link between stress, tension, and excess belly fat is clear. High levels of cortisol – a nasty little stress hormone – can cause pound after pound of excess body fat to accumulate around your waist and tummy... a health-threatening, figure-destroying condition affecting an estimated 47 million Americans... mostly women.

Simply stated, a bulging midsection is not your fault... it's the harmful combination of everyday stress, overeating, and excess cortisol... all conspiring to keep you overweight, tired, and thick around the middle.

But now you can beat stress-induced belly fat with Relacore... the breakthrough all-natural anti-anxiety, mood elevating pill that helps control stress-induced cortisol production, thereby helping to reduce belly fat.

A Natural Feel-Good Pill Called Relacore™ Might Be The Perfect Answer To Belly Fat

"Relacore is a non-sedating, mild anti-anxiety mood enhancer that reduces stress-induced cortisol production by helping to minimize stress," says Dr. Nathalie Chevreau, Director of Women's Health and Nutrition for www.MyFreeDiet.com. "Those who have used Relacore reported an overall feeling of well-being, less anxiety, have much more energy and a greater ability to handle the problems of everyday life."

Not only can Relacore reduce belly fat in conjunction with proper diet and exercise, but it also helps balance hormone levels that cause stress-induced overweight and encourage overeating. Relacore is the best way to control the accumulation of stress-induced cortisol and belly fat because the formula nips the problem of stress and anxiety in the bud, so to speak.

The Most Significant Weight-Control Advancement In More Than A Decade

So if everyday life makes you stressed out and anxious... if you've been accumulating belly fat that just won't go away... if you're overeating in response to daily stress, and you're sick and tired of diet failure, it's time to try Relacore... the most significant advancement in weight control in more than a decade. Relacore is the natural anti-stress, mood elevating pill that can help positively alter the underlying cause of excess belly fat... leaving you happier, full of energy, and with that flat, youthful tummy you thought you'd never see again.

Take The Excess Belly Fat Test!

- Does everyday life make you stressed-out and anxious?
- Are you accumulating belly fat that just won't go away?
- Do you overeat in response to daily stress?
- Do you have high triglycerides (the "bad cholesterol")?
- Are you sensitive to refined sugar?
- Have you tried diet after diet without long-term success?

If you answered "Yes" to one or more questions, your extra belly fat might be due to excess cortisol.

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Know what's normal or abnormal for you, what you're allergic to, when you had your last period, all the medications, including vitamins or nonprescription supplements, you're taking (and their dosages), and see that you get all the preventive tests you need. Dr. Savard's Web site includes a downloadable form on which to record all your health information in order to have it at your fingertips.

3. Be honest about all of the above. It's quite common (and even understandable) for patients to omit certain pertinent, but not-quite-admirable, facts about themselves—that they swill six beers a night, smoke a pack of cigarettes a day, have had a sexually transmitted disease or rarely get off the couch except to relocate to the bed—but these facts are important to any evaluation of your health. "Most patients don't deliberately go to the doctor thinking, 'Well, I'll just lie about my smoking today,' " says Houston cardiologist Steven Farber, M.D., the author of *Behind the White Coat*. "They are rather like children who are ashamed to tell their parents that they did something wrong. But I cannot help a patient who doesn't tell the truth about what she is doing."

4. Before you go to the doctor, make a written list of your symptoms (and when they began) and questions you want answered, prioritizing your major concerns. And don't be self-conscious about taking it into the exam room with you. That way, you won't make the common mistake of forgetting to mention something crucial. And take along a companion if you think you're going to get rattled or have trouble understanding the doctor's advice.

5. Cooperate fully during the examination, answering questions truthfully and completely. Be concise in explaining why you are there, and let the doctor question you. At the same time, do not fail to volunteer information that the doctor has not specifically asked about (the fact that your bowel habits have changed, for example, or that you have mild, but regular, headaches since you started taking a prescribed medication). The doctor, who's not a mind reader, has no way of knowing these things unless you tell her. Above all, do not withhold important information until the last minute (the "by the way"

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nplaint that so frustrates doctors), matter how much it frightens you say it out loud.

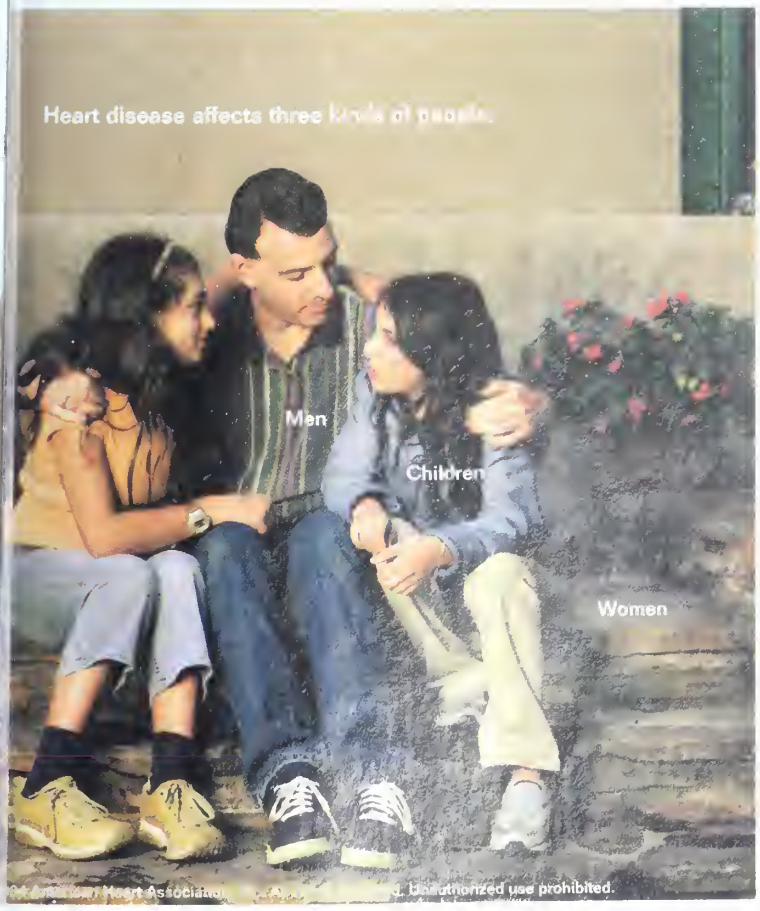
Do not be overly stoic. Many omen, eager to be a "good patient," wnplay the pain or discomfort ey feel. Yet pain is itself an impor it symptom that helps guide your ctor to make a diagnosis. Minimiz- g it may lead her to underestimate severity of your illness. "Don't be hero," advises Dr. Soden. "If it rts, let your doctor know it."

Follow the doctor's instruc-ons carefully and completely (a ime physician pet peeve: patients ho stop taking a medication mid- ay through its course because the mptoms have abated) and do the cessary follow-up, such as phoning for test results.

8. Know your rights as a pa- tient—and don't be afraid t- them. You are entitled, for ins to courteous, professional c at all times, as well as a clear thorough explanation of your condi tion, including the right to review your medical records. Remember, you are a consumer, and the doctor is simply a provider that you are hiring. It is his job to answer your questions, including ones you ask by telephone. Don't phone for frivolous reasons—anything that can wait until your next office visit would qualify—but if you are worried about something, such as a reaction to a medicine, a new symptom or even confusing instructions on a prescription, err on the side of caution and make the call. If you feel you are not getting the quality of t- deserve (e.g., that doctor and find another. Some ex- pert even advise giving the doctor a written in a calm, detached retaining your reasons for seek- ing another physician.

In the end, adhering to these principles not only will make your physician happier with you, but also make you happier with her. Your health, however, will be the biggest winner: Patients who report satisfaction with their doctors, research shows, have more successful outcomes than those who do not. Now that's good medicine by any standard.

LHJ.com **For more tips on making the most of your doctor visits, go to: www.lhj.com /doctorpatient**



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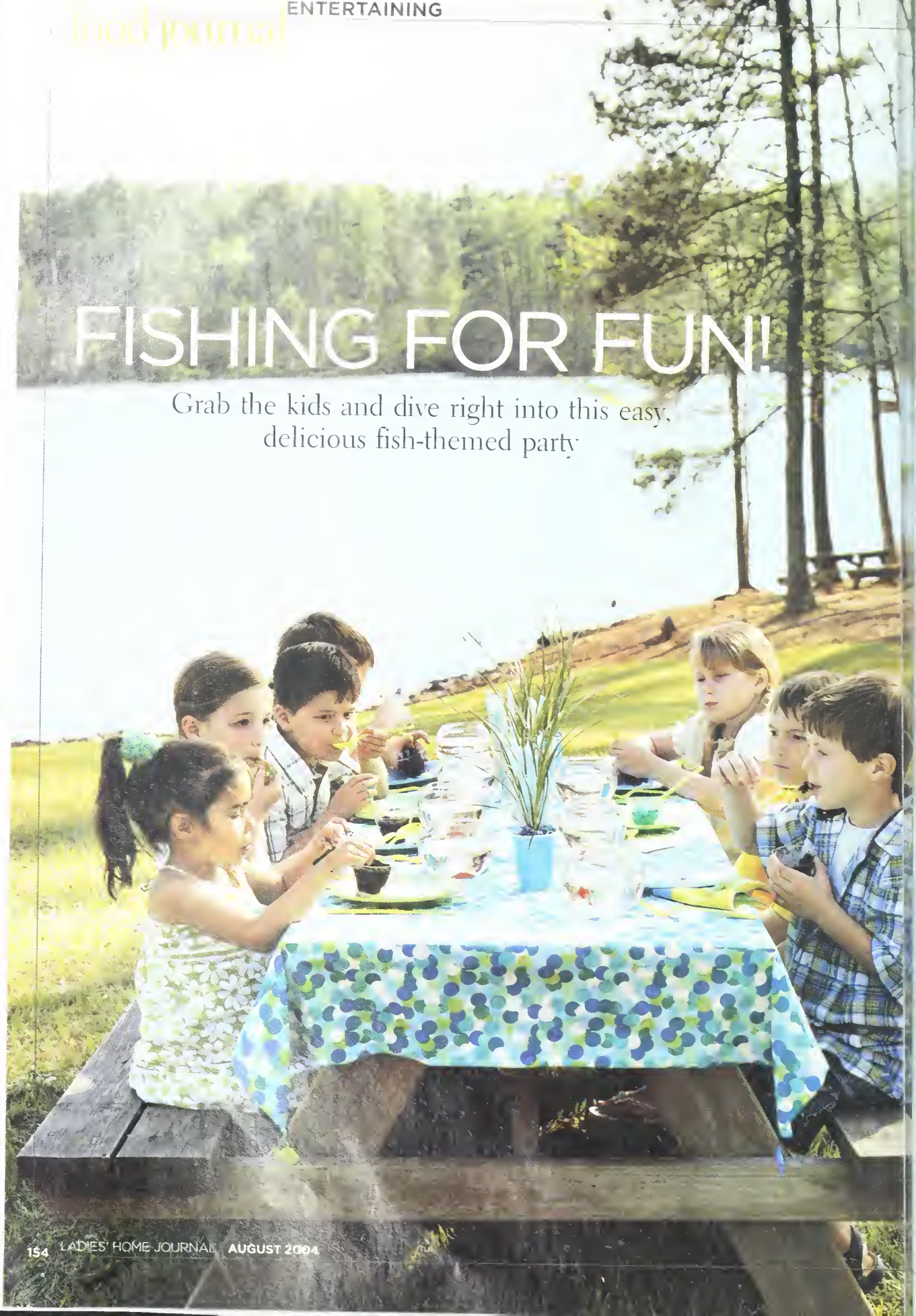
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FISHING FOR FUN!

Grab the kids and dive right into this easy, delicious fish-themed party











Fill each tackle box with lunch for kids to enjoy while on the dock (top); serve your little anglers chocolate pudding with cookie "dirt" and gummy worms (right); use splashes of aquatic color and fishbowl centerpieces to give your table setting an underwater feel (opposite page)

PHOTOGRAPHS BY BROOKE SLEZAK

RECIPES AND FOOD STYLING BY LORI POWELL

TEXT BY CAROLINE STANLEY

How do you turn a lazy summer day into an afternoon your little one will never forget? Throw a fish-themed birthday party, and the kids are sure to fall for it hook, line and sinker. Send out aquatic-themed invitations, or make your own fish-shaped invites out of bright construction paper. At the party, get into the spirit by handing out personalized "tackle boxes" filled with edible goodies such as Goldfish trail mix and fish-shaped sandwiches. Decorate picnic tables in sea green and aqua, using fishing weights to hold down the tablecloth. Make unusual party favors—and creative centerpieces—by placing individual fishbowls filled with small, glass marbles down the center of the table.

When it's time to head down to the water, remember that it might be difficult for younger kids to bait a hook, cast a line and reel in a fish on their own, so party goers will need adult supervision. If real fishing is not possible—or simply too ambitious—consider setting up a "Hook the Fish" game where children are blindfolded and given a cardboard hook to snare their own prize. When it's time for dessert, feed your tired sea dogs a slice of dreamy devil's food chocolate cake—decorated with candies to look like a fish, of course—and your child's birthday is sure to be a splash!

CONTINUED



Frost cake one day ahead and decorate on the day of the party with halved gummy apple rings, jelly beans, sour gummy dots and sugar sprinkles

[illegible] Dip

Serves 8

Prep time: 10 min **Total time:** 25 min

Kitchen cue: You can prepare our healthy hummus up to two days ahead and the crudités a day ahead of time. To keep the veggies from drying out, wrap them in damp paper towels and store in resealable plastic bags in the refrigerator.

- 2 yellow bell peppers
- 4 medium carrots
- 4 large celery ribs
- 1 can (19 oz.) chickpeas, rinsed and drained
- 5 tablespoons extra-virgin olive oil
- 3 tablespoons fresh lemon juice

◆ Cut sides from peppers. With a small fish-shape vegetable or cookie cutter, cut out 16 fish. Peel carrots. Cut carrots and celery into 3 x ¼-inch sticks.
◆ Puree chickpeas in a food processor with oil and juice until smooth. Season with salt and pepper to taste. Serve at room temperature. Makes about 1½ cups.

Per serving: 145 calories, 1.5 g saturated fat, 109 mg sodium, 13 g carbohydrates, 35 mg calcium, 4 g fiber

[illegible] Cheese Spread

Serves 8

Prep time: 10 min **Total time:** 15 min

Kitchen cue: We used a tropical-fish cookie cutter to punch out the sandwiches made with this spread. You can buy cutters like ours at most bakeware stores, including New York Cake and Baking (800-942-2539 or www.nycake.com). This recipe makes more than enough spread for 16 sandwiches, and it can be prepared up to four days ahead.

- 10 oz. coarsely grated sharp yellow cheddar cheese
- 1 jar (4 oz.) chopped pimiento peppers, rinsed and drained
- ½ cup mayonnaise
- 2 teaspoons finely grated onion
- 1 teaspoon fresh lemon juice
- ½ teaspoon Dijon mustard

Put all ingredients in a food processor and pulse until finely chopped but not smooth. Transfer mixture to a bowl. Makes about 1¾ cups.

Per serving (2 tablespoons): 140 calories, 5 g saturated fat, 176 mg sodium, 1 g carbohydrates, 148 mg calcium, 0 g fiber

[illegible] Trail Mix

Serves 8

Prep time: 15 min **Total time:** 15 min

Kitchen cue: Add the sesame sticks and Goldfish crackers just before serving so they stay crisp. You can find sesame sticks, which are about 1 to 2 inches in length, at health-food stores or specialty-food shops.

- 1 cup Goldfish crackers
- ½ cup salted roasted peanuts
- ½ cup diced dried pineapple
- ½ cup diced dried apricots
- ½ cup diced dried mango or papaya
- ½ cup sesame sticks

Combine all ingredients in a bowl and toss well to combine. Makes about 5 cups.

Per serving: 290 calories, 1.5 g saturated fat, 220 mg sodium, 46 g carbohydrates, 42 mg calcium, 4 g fiber

Earthy Chocolate Pudding With Gummy Worms

Serves 8

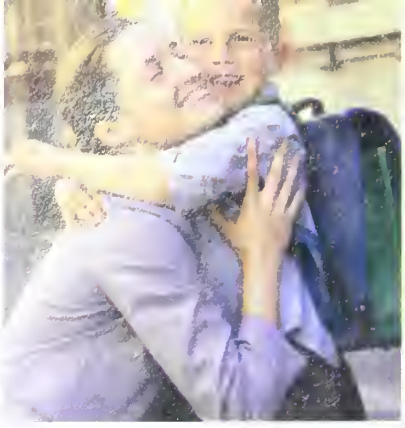
Prep time: 15 min **Total time:** 50 min

Kitchen cue: If you assemble pudding cups in advance, do it no more than a day ahead or the cookie crumbs will get soggy. To save time, you can also use store-bought pudding.

- 16 gummy worms
- ⅔ cup sugar
- ⅔ cup unsweetened cocoa powder, not Dutch processed
- ¼ teaspoon salt
- ⅔ cup hot water
- 3 oz. finely chopped bittersweet chocolate
- 3½ cups half and half
- 3½ tablespoons cornstarch
- 2 teaspoons vanilla extract
- 36 (8 oz.) chocolate wafer cookies, ground fine in a food processor

CONTINUED


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Back to School Success

How best to prepare for the new year

No matter how fun we try to make it sound, going back to school can be a challenge. Children have to adjust to a new teacher and a new classroom, sometimes even a new school. The experience can be exciting but also scary and overwhelming. So make it a priority to spend the last days of summer doing the things your family likes to do to relax. Set aside time to talk, and make sure your kids do most of the talking. Parents are often surprised at what they learn when they stop interrupting and really listen to their kids. Find out what's important to them. You know what your hopes and dreams are, but what do your children care about? This is a good time to encourage their interests as well as address any fears or anxieties they may have about returning to school. On a practical note, if the kids have been staying up late, it's wise to get back into an early-to-bed routine at least a week before school starts. Plan some play dates with friends from school to make the transition easier. Talk to other moms to see how they manage and share tips. Finally, now that the kids are going back to school, don't forget to spend a little more time on yourself.

TIPS for Moms from Moms

Shop Smart

In with the Old

Get the Good Stuff
Invest in good shoes and a quality backpack with wide padded shoulder straps and a padded back.

Double Up
If your child needs a physical education uniform, it's wise to buy two sets in case one gets lost or you don't have time to wash it.

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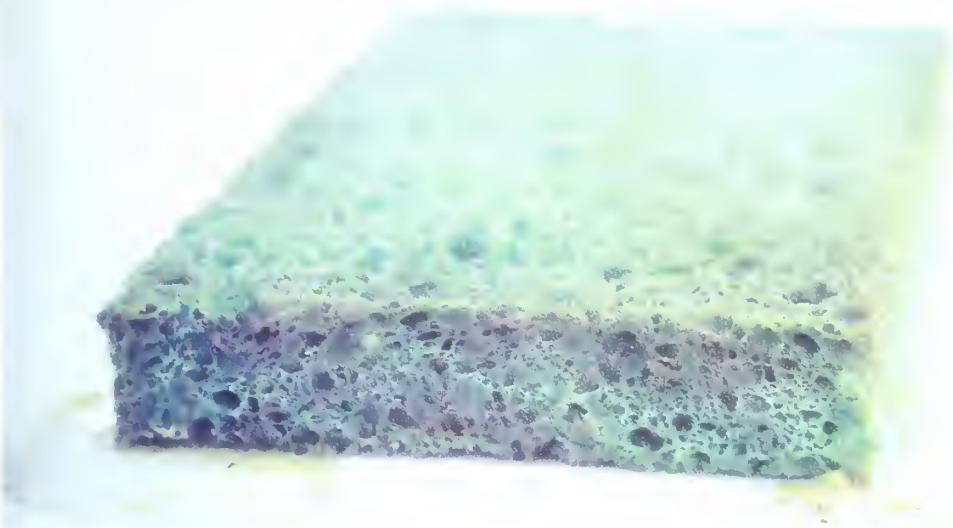
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help stop the spread
that can cause cold



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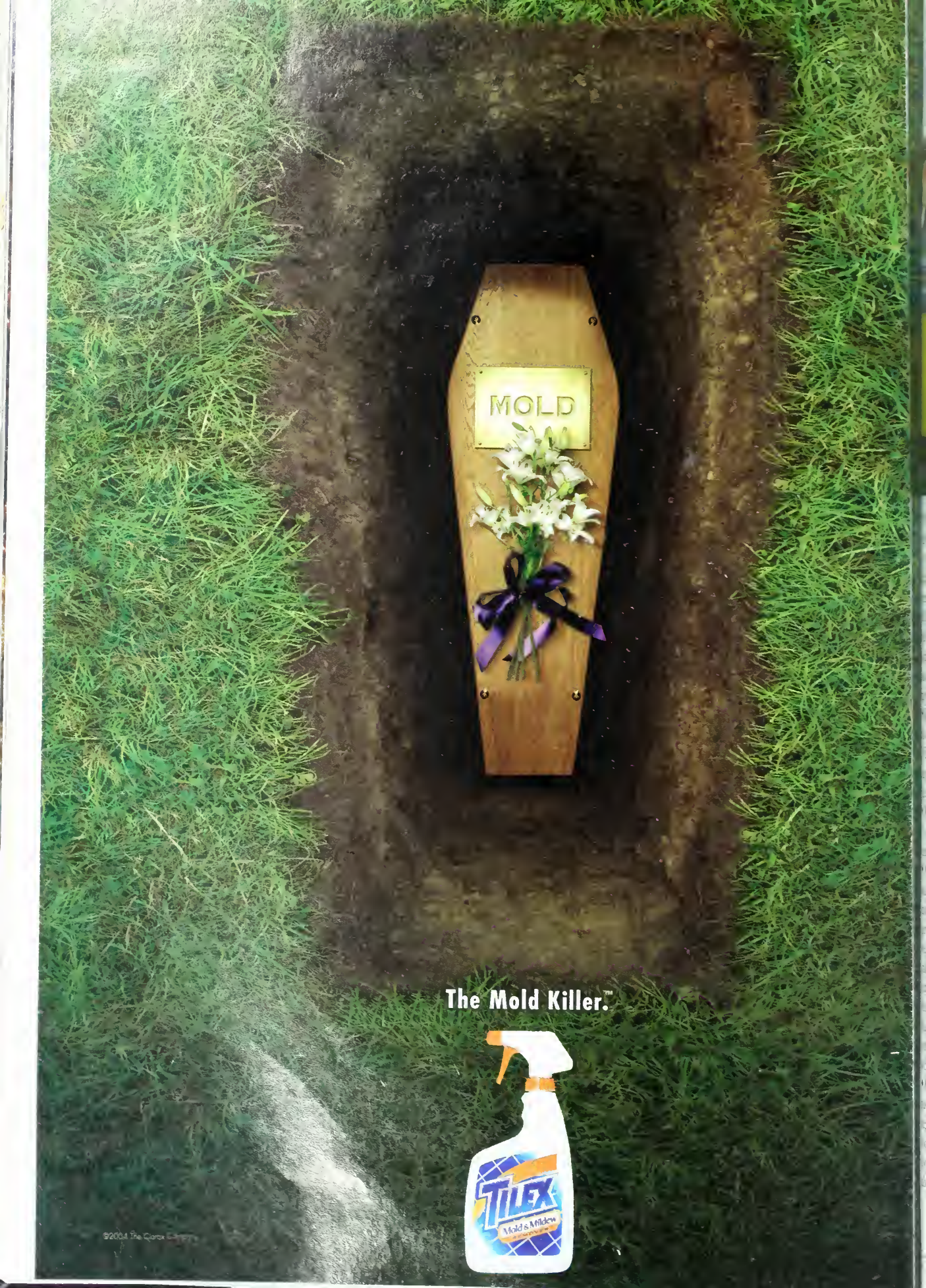
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Place one gummy worm in a little
astic cup (about 5 oz.) so that it
rls up and around the inside of cup.
epeat with 7 more gummy worms
id plastic cups in same manner.
Whisk together in a 4-quart heavy
ucepan sugar, cocoa and salt.
radually whisk in hot water until
nooth. Bring mixture to a boil over
oderate heat, whisking constantly.
Remove the pan from heat, add
ocolate and let stand 1 minute.
Vhisk the chocolate until it's melted
nd smooth. Whisk in 3 cups half
nd half.
Whisk together in a bowl remaining
2 cup half and half and cornstarch
ntil smooth.
Whisk cornstarch mixture into
aucepan until smooth, return pan to
oderate heat and cook, whisking
ently but constantly until pudding
egins to thicken, about 5 to 8
inutes. Reduce heat and bring to a
immer, whisking constantly until
hickened, 1 to 2 minutes more.
Remove pan from heat and whisk in
anilla. Let mixture cool slightly,
vhisking, about 5 minutes.
▸ Fill cups, alternating layers of
udding and ground cookies,
eginning and ending with ground
ookies (about 2 tablespoons ground
ookie in first layer, then 3
ablespoons pudding, then 2



tablespoons cookie, 2 tablespoons pudding and 1 tablespoon cookie), and tuck in a gummy worm halfway.
◆ Keep puddings chilled and covered for at least 1 hour and up to 1 day.

Per serving: 440 calories, 11 g saturated fat, 282 mg sodium, 62 g carbohydrates, 134 mg calcium, 3 g fiber

CONTINUED



The kids will feel like they're under the sea when you serve gelatin cups filled with swimming gummy fish (above). To prepare, pour blue gelatin into individual plastic cups. When it appears about to set, slide a fish into the cup and allow the gelatin to chill completely



Amuse the kids with Hook the Fish," a new spin on "Pin the Tail on the Donkey" (right)

Double-Chocolate Sour Cream Cheese

Serves 8 to 10

Prep time: 50 min **Total time:** 2½ hrs

Kitchen tip: You can make this tender cake up to two days ahead. Cool it completely, wrap well in plastic and store in a cool place. The flavor of the cake will only get better and the layers will be easier to cut.

For cake:

- 1 cup unsweetened cocoa powder, not Dutch processed
- 1 cup boiling water
- 2 oz. bittersweet chocolate, finely chopped
- ½ cup (4 oz.) sour cream
- 2 teaspoons vanilla extract
- 1 ½ cups all-purpose flour
- 1 ¼ teaspoons baking soda
- ½ teaspoon salt
- 2 sticks unsalted butter, softened
- 1 cup granulated sugar
- ¾ cup light brown sugar
- 2 large eggs

For frosting:

- 2 blocks (8 oz.) chilled cream cheese
- 1½ sticks unsalted butter, softened
- 3 cups confectioners' sugar
- 2 teaspoons vanilla extract
- 4 drops sky blue nontoxic food coloring

Make cake:

◆ Preheat oven to 350°F, and line the bottom of 2 buttered 9 x 2 inch round cake pans with parchment paper. Butter paper and dust pans with flour, knocking out excess.

◆ Whisk together cocoa and boiling water in a medium bowl until smooth. Add chocolate and let stand 5 minutes. Whisk chocolate until mixture is smooth. Add sour cream and vanilla and whisk until smooth.

◆ Whisk together flour, baking soda and salt until combined well. Beat together butter and sugars in a large bowl with an electric mixer until fluffy. Add eggs 1 at a time, beating well after each addition, until combined well. On low speed, add flour mixture and cocoa mixture alternately in batches, beginning and ending with flour mixture, until just combined.

◆ Pour batter evenly between the prepared cake pans (about 2½ cups per pan) and smooth tops. Bake cakes in middle of oven until a cake tester comes out clean, about 25 to 30 minutes. Transfer pans to a rack and let cool 5 minutes. Run a thin knife around edges of pans and invert cakes onto racks. Peel off paper and reinvert layers right side up. Let cakes cool completely on racks.

◆ With a sharp knife, cut a quarter wedge from 1 cake round and then cut it through the middle horizontally to create 2 thin layers. Use these layers to form 1 side fin and a mouth for fish. Cut remaining ¼ cake round decoratively into 2 fins (top and tail).

Make frosting:

◆ Beat cream cheese in a large bowl with an electric mixer until fluffy. Add butter, and beat until smooth. Slowly beat in confectioners' sugar on low speed until smooth, and stir in vanilla and food coloring until no streaks remain.

◆ Transfer ¾ cup of frosting to a bowl. With a spatula, spread cake round with a thin coat of frosting (this will keep crumbs from getting into your top frosting later). Attach thick fins to top and one edge of cake (see photo for shape) with frosting. Attach lips and side fin in same manner. Spread a thin coat of frosting all around fins and lips. Chill cake for 20 minutes or until frosting is firm.

◆ Spread cake with enough of remaining frosting to coat completely and decorate (see photo).

Per serving: 860 calories, 34 g saturated fat, 436 mg sodium, 88 g carbohydrates, 88 mg calcium, 3 g fiber

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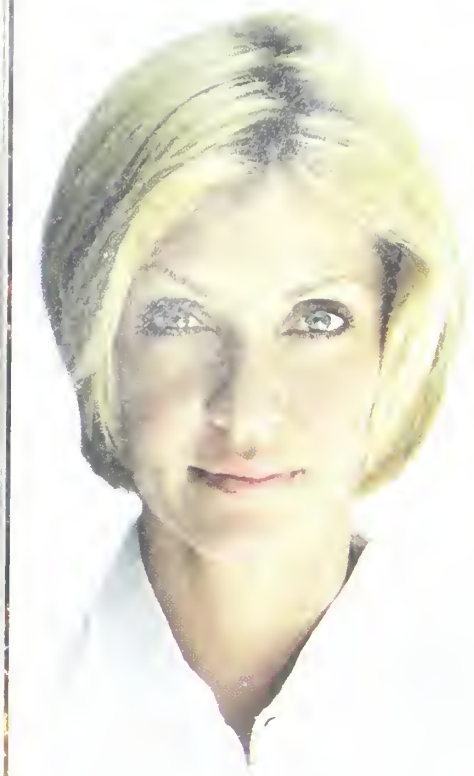
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Why Did You Last Die Fail

By Tiffany Strobel

It could be pre-menopausal or menopausa weight gain. So if you're over 35 and gain weight in places you've never gained wei before, you're not alone! But here's the go news... researchers may have just discov the solution!

You're a woman. You're gaining weight in places you never gained weight before. And you just can't seem to lose the excess pounds as easy as you used to. Join the club! You're one of the more than 47 million American women experiencing menopausal and pre-menopausal weight gain. (By the way, if you're over 35, "pre-menopausal" is you.)

But Here's the Good News...

You don't have to look overweight, over-tired, and out-of-shape just because your hormones, metabolism and caloric requirements are changing. Researchers are finally focusing their attention on menopausal and pre-menopausal weight gain (probably because they're getting older and out of shape themselves). And what they're coming up with is a new generation of diet pills specifically developed to help menopausal and pre-menopausal women lose weight.

ew Discoveries

Interestingly, the first of these new generation diet pills (specifically developed to help overcome menopausal and pre-menopausal weight gain) is not a drug, it's a nutraceutical... probably because nutraceutical products do not hav to go through the lengthy FDA dr approval process. This new diet pi is called Estrin-D, and in recent studies, the active ingredients in Estrin-D were shown to increase resting metabolic rate in menopaus and pre-menopausal women, auto matically reduce caloric intake an provide sustained energy. But that not all. Users reported that Estrin-D helped control mood swings, virtu eliminated binge eating and gave them an overall sense of 'well bein

The First Diet Pill for Menopausal and Pre-Menopausal Weight Loss

While Estrin-D is the first diet p specifically developed to help menopausal and pre-menopausal women lose weight, you can be certain it won't be the last. Society is changing. A new breed of over-3 women are no longer willing to jus give up and become old, fat and tir

he only diet pill specifically developed to help enopausal and pre-menopausal women lose weight.

In my mind a product like in-D was inevitable," said Dr. halie Chevreau, Director of nen's Affairs for Covaxil oratories™, Estrin-D's distributor. ere's a whole generation of nen out there who have out-wn *Cosmopolitan* magazine but not ready to join the AARP erican Association of Retired sons]. American women are lefining age, uty and sexu-y, proving that doesn't end at It's about the y you're per-ved, your abili-to earn and productive, l it's about desire to stay ong, self-confi-it and happy. ese women l not allow the TV generation push them de."

or Most 'U s, iet and xercise re Not nough

Dealing with enopausal and e-menopausal weight gain has not en easy. For most of us, diet and ercise are not enough. We need mething more. Something to help th the hormonal and metabolic anges that begin in our mid-thir-s. That's why this new emphasis n menopausal and premenopausal eight loss is so exciting."Looking ood, feeling young and being nergetic are essential. This new neration of diet pills targeting menopausal and pre-menopausal women has the ability to truly change lives," Dr. Chevreau says. "We're glad Estrin D is the first diet pill to address the needs of today's women."

Help Is Finally Here

"This new-found attention to menopausal and pre-menopausal weight loss has been a long time in coming," says April Franco, Product Development Coordinator for the Mowrey Research Institute. "Look at the market today: you have diet and energy pills targeted to the under-30 generation (products like Zantrex-3™ from Zoller Labs®), diet pills for the significantly overweight (Leptoprim from A.G. Waterhouse®), and fat blockers like Xenical® for the general population (from Hoffman LaRoche). But what about 'real' women? You would have thought the menopausal and pre-menopausal weight loss market, which makes up the majority of the female population, would have been addressed earlier. I guess it's better late than never."

> "The new American woman is redefining age, beauty and sexuality, proving that life doesn't end at 40... These women will not allow the MTV generation to push them aside because of menopausal and pre-menopausal weight gain."

There's no way of telling how many of the major drug companies currently have menopause-specific diet pills going through the lengthy FDA approval process, but with the size of the market and changing social trends, you can bet we'll be seeing more than a few menopause-specific diet pills in the near future. But for right now, if you're a woman over 35 and you're battling menopausal or pre-menopausal weight gain, there's only one: Estrin-D. Help is finally here! ■

Ms. Strobel is the editor of the web's most popular diet site, www.MyFreeDiet.com

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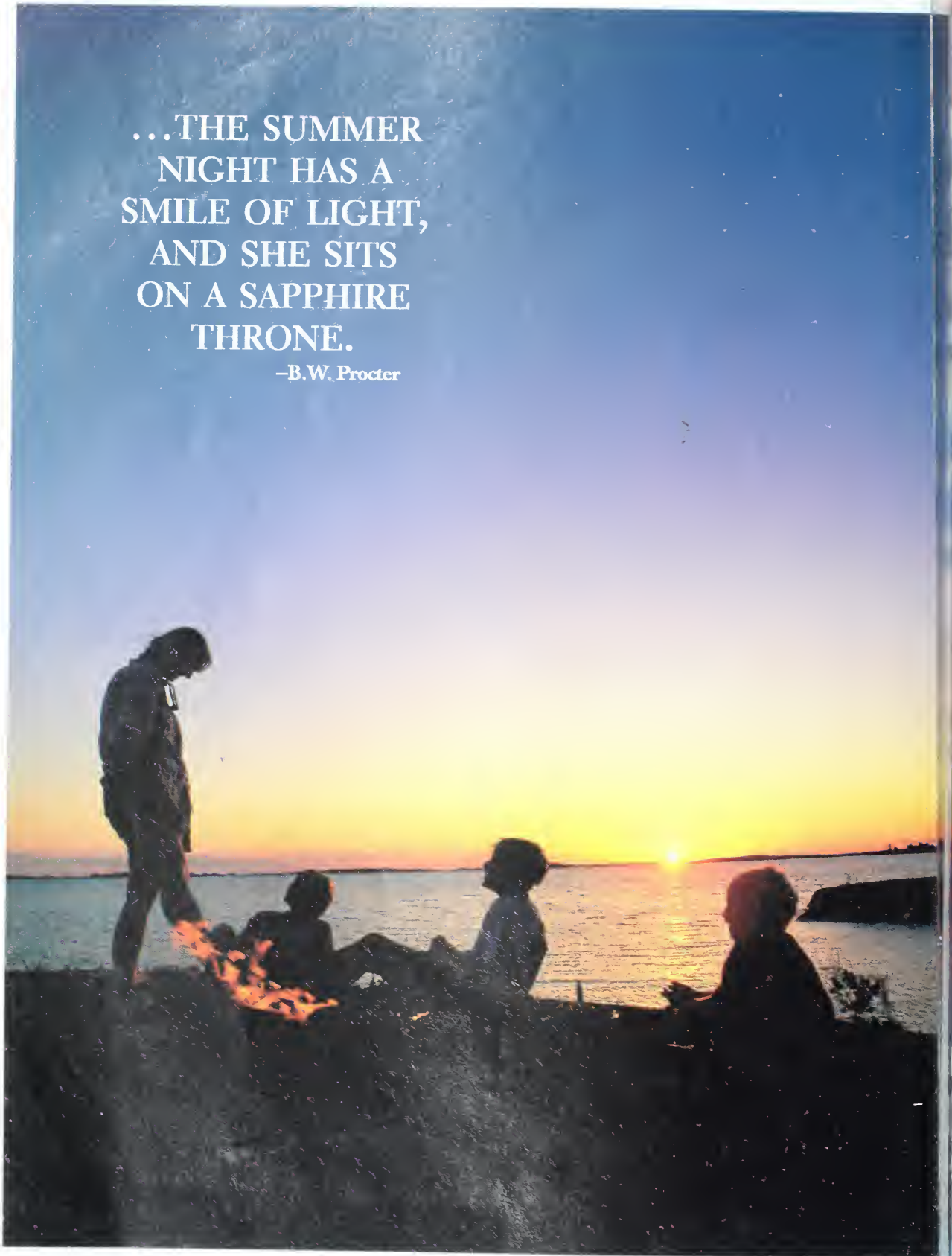
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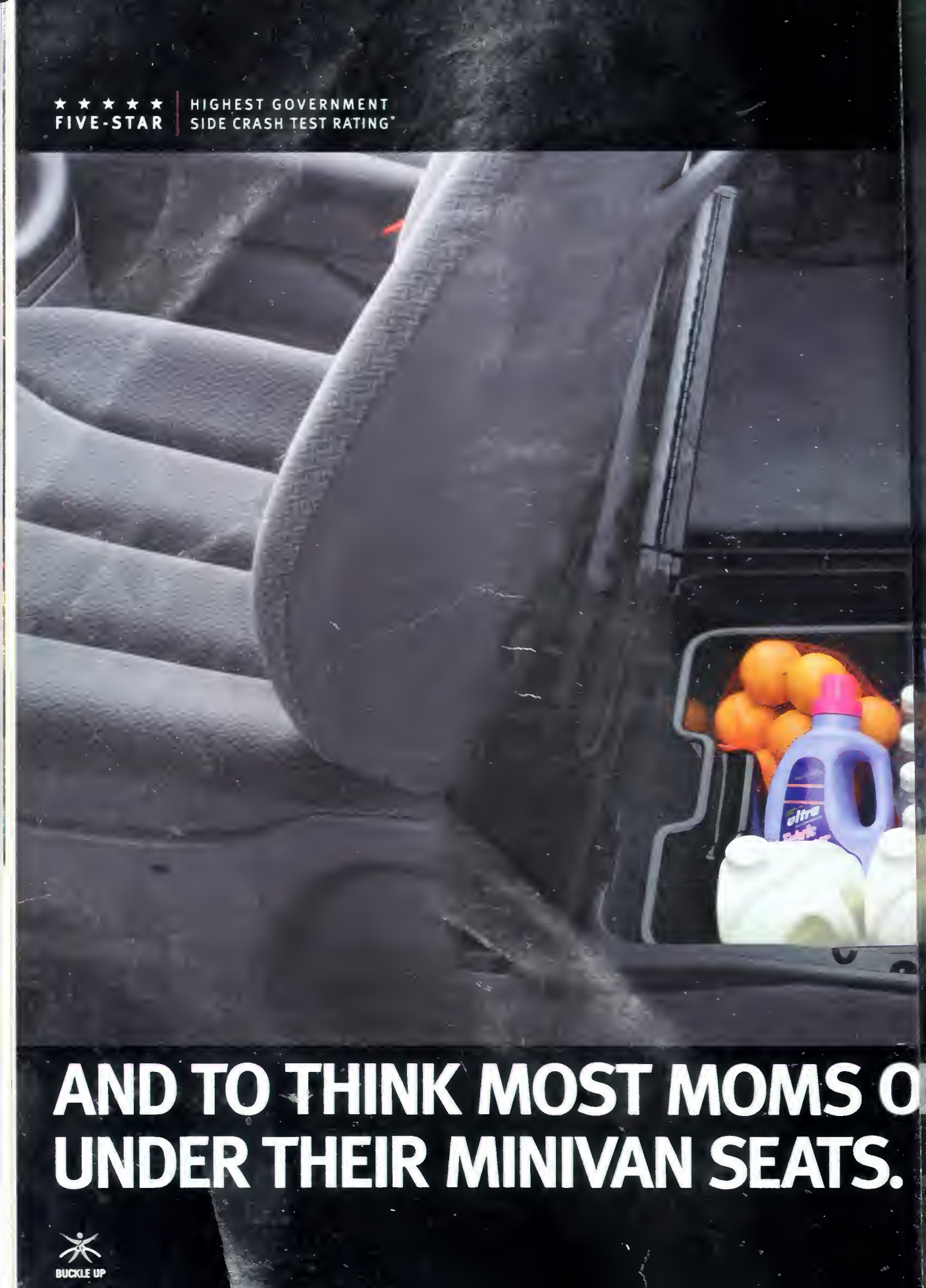
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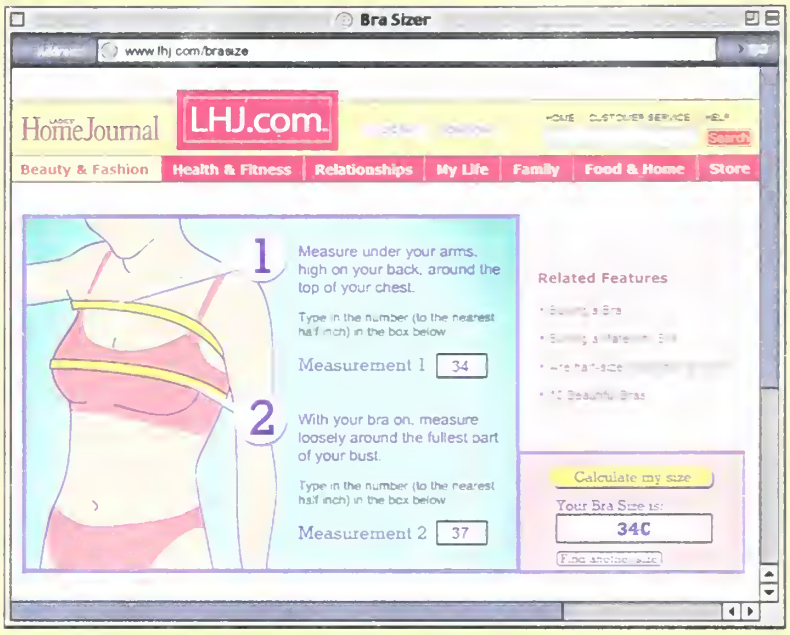
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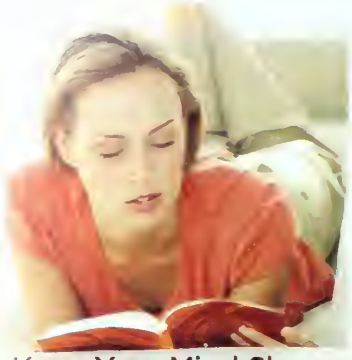
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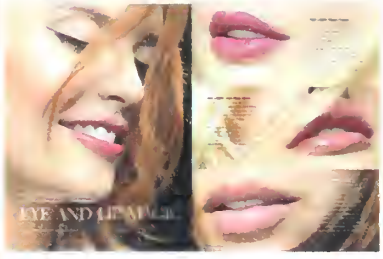


Matt LeBlanc, beaming between blonds Laura Brounstein, *Ladies' Home Journal*'s entertainment editor, and his wife, Melissa

Isn't it great to be around two people in love, people who also really like and "get" each other? Well, that sums up Matt LeBlanc and his wife of just one year, Melissa, who look so cozy and affectionate on our cover (photographed by the inimitable Mark Liddell), it's positively contagious.

Laura Brounstein, *Ladies' Home Journal*'s entertainment editor, certainly felt caught up in their glow when she spent time with the nearly newlyweds at our cover shoot. Laura was the obvious choice to do the couple's interview, since she has been a *Friends* fanatic since day one, and she was so familiar with every episode that even Matt was stunned—and impressed. What was the couple really like in person? "Matt has somehow managed to stay really grounded and really grateful for everything," says Laura, who is grateful herself that Matt will stay a small-screen sweetie in his much-anticipated fall sitcom, *Joey*. "Matt is quick to say his happiness is all due to Melissa. They seem to so enjoy each other and support each other. Together, they really create an atmosphere of warmth and fun, tempered with a serious respect for hard work." The best part for Laura? "Seeing this studly guy, wearing cool-guy blue sunglasses and cooing over his 7-month-old daughter's baby toes. I mean, it just doesn't get any sexier."

Speaking of kids, can you believe it's soon time to ship them back off to school? To get the whole family in the mood, and in gear, we've put together a special package with information on everything from guarding against school sports injuries to picking the best backpack for your child's school style.





Lip service abounds in our beauty guide to the best of the new lipsticks on page 70. This month's fashion is devoted to great looks for kids of all ages; see page 82

And don't forget about *your* style, either! Even on days when you can't get it together to do your makeup from eyebrow to jawline, simply slicking on a luxurious lipstick can make you feel like a million bucks. This month my beauty-department dynamic duo, Beauty Director Patricia Reynoso and her associate, Nadine Haobsh, slavishly tried all the new formulations and hues. Ditto for the new eyeshadows and liners. You can see the fabulous, enlightening results starting on page 70.

Finally, be sure to read two very different, but equally important stories. After you read Lesley Dormen's thoughtful and lyrical "Celebrate Yourself," on page 54, you'll never think about your birthday (whenever it is) the same way again. The other article, "What Even Young Women Need to Know About Bone Health," on page 168, written by Lisa Collier Cool, is a comprehensive, authoritative report on how to keep your bones strong. When should you start paying attention to your bone health? Yesterday. Last year. And in fact, if you have young daughters, get them on a healthy regimen *now*, when it will have the most impact. I promise, they'll thank you later.

Diane Salvatore

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can this marriage be saved?

"The Kids Are Gone and We Feel Like Strangers"



"I've been unhappy for a long time, but never allowed myself to acknowledge it," said a wistful Kate, 45. "But now that it's just the two of us, this emptiness won't go away.

"Phil and I have been together for 23 years. Our son, Ben, is a junior in college, and Meg graduated from high school in June. She's less independent than Ben, and I'm worried about how she'll manage at college. I'm upset enough about having them both gone; the fact that I feel as if I'm living with a stranger makes it worse. My husband and I occupy the same house, but we're emotionally alienated. We used to have such rich conversations—about plays, books, current events—but there are days now when we barely speak to each other.

"Frankly, I'm scared. Everyone keeps telling me how free I should feel, but I don't see it that way. I was very good at being a mom. Now, a period in my life that I loved is over. I'm just so sad: I'll be someplace like the supermarket, and the tears will start.

"Being a great wife and mother was my lifelong dream. Even as a girl I vowed never to get divorced because I knew the pain of a broken home. My parents split up when I was 3, and I moved with my father from Delaware to North Carolina. I gathered that Mom had had an affair, but Dad refused to talk about it. I didn't see her until I was 12, when she stopped briefly on her way to Miami. Over the years, I tried to have a relationship with her, but it was hopeless. I've finally given up. It all happened long ago, but I still feel this intense anger—at my dad for taking me away from my mother and at her for letting him do it.

"I met Phil the summer after I graduated college. I was working at the local library. Phil came in—he was from Boston and visiting his grandmother in North Carolina—and I felt an instant spark. He was charming, funny and cute in an all-American way. He invited me to dinner and, a week later, asked me to marry him. I accepted, but knew my dad and stepmother would flip out. So we had a long-distance romance for six months before breaking the news. When we did, my folks were delighted. Phil had just completed his engineering degree and had a job in New York. I moved up north, and we found a small house in the suburbs. Ben was born the following year, and we agreed I'd stay home. Meg was born three years later.

BY MARGERY D. ROSEN



"I threw myself into motherhood. I sewed the kids' Halloween costumes myself—no store-bought masks for *my* children—baked cookies, decorated the house for every holiday. But it was hard to be both Mom and Wife. Phil is a great dad, but we'd quarrel because he'd want us to go away together for a weekend, and I felt uncomfortable leaving the kids with someone. On weekends, he wanted peace and quiet, but I loved the hubbub of having our kids' friends running in and out.

"But as the kids got older and wanted to spend more time with their friends and less with us, I sensed that Phil and I were drifting apart. Our lovemaking was less passionate, and we rarely had the deep conversations we once thrived on. When I tried to discuss this, Phil brushed me off.

"Everyone thinks Phil is the nicest guy, and with other people, he is. But with me, he'll rant for hours. The night I forgot to turn off the car headlights and drained the battery, he was so furious I thought he'd have a coronary. And talk about road rage! God help the driver who cuts off Phil; he'll tailgate him for miles just to teach him a lesson.

"He never cares about CONTINUED

can this marriage be saved?

what I want. Just the other day, I said I wanted a coffee ice-cream cone, but he came back with a different flavor he thought I should try instead. Okay, that's petty, but I hate his presuming he knows me better than I do. And I wish I had a nickel for every time he's said he'd be someplace at a certain time but showed up late. Last week, after I had a root canal, I waited 45 minutes for him to pick me up.

"I've tried everything to improve our marriage. I've gone to other therapists; Phil came once, then refused to return. I've read self-help books. I've cajoled him to talk. But Phil will *deny, deny, deny* until a problem hits him over the head—even now, when he's clearly sad about Meg's leaving, too.

"He's just so unemotional, and I'm so lonely. I don't want to separate, but I don't want to live like this, either."

"Kate's right. I am sad. I never thought the kids' leaving would affect me this way," said Phil, 47, a software engineer for an investment firm. "I look at their baby pictures and want to turn back time.

"I'm not comfortable with counseling. The one time we went, I was constantly on the hot seat. But I want to be happy as much as Kate does. She has always brought out the best in me. She digs deep, tries to get me to communicate. I'm not good at that.

"But I do resent the way she blames me for everything wrong in our marriage. She's always been controlling—whether it's what movie to see or whether to go away for a weekend, the decision is in her hands. Just once, it would be nice do what *I* want.

"Kate also holds grudges. I mean, she's still talking about that ice-cream cone! Was that a federal offense? I genuinely thought she'd like to try a new flavor. And I know I messed up with the dentist. But it's not as if she was standing in the pouring rain; she was in a comfortable waiting room with a book. There should be a statute of limitations on the amount of time I'm condemned for these things.

"I know I get angry too easily, especially when I'm driving, but Kate's anxieties make me crazy. I'm worried about Meg, too, but I can't spend every waking minute discussing every possible thing that could go wrong. Kate starts her day anxious!

"I was raised outside of Boston. My family—Dad, Mom, my older sister and I—lived in a three-bedroom apartment above the drugstore Dad owned. My mom was a school secretary. I got interested in computers in the early 1980s, switched from industrial engineering to software programming, and was hired by a large New York firm. I worked there for 15 years, but in the early 1990s, the company was forced to make layoffs, and I was one of them. I was out of work for seven months before I got my current job. It was a very tough time. I felt I was letting my family down.

"Kate is the finest woman I've ever known. My meeting her was pure good luck. I was visiting my grandmother, and she asked me to return a book to the library where Kate was working. It was love at first sight for me. She thought I was kidding when I asked her to marry me so soon, but I couldn't have been more serious. I wanted kids right away, too. And she's wrong about the peace and quiet: I liked having kids hang out at our place; it's just that I also wanted private time with my wife. We're the only couple I know who've never once been away for a weekend alone.

"For a long time, I was so caught up with work I didn't realize we had drifted apart. Kate may have vowed to be a good mother, but I vowed to be a good provider so that my family wouldn't have to worry about every cent the way my folks did. When Kate complained, I didn't pay attention. I figured she was overreacting because of her lonely childhood.

> "Phil found it hard to be emotionally intimate"

"I'd love to get back to the way we were. But I'll be honest: There's a lot about Kate I don't like anymore. She's always nagging me or the kids about something. But I swear, I am totally committed to our marriage."

"Kate and Phil's situation is not uncommon," said the counselor. "For years, they focused their energies on raising a family, and their busy days shielded them from the full impact of their marital troubles. But as their lives began to change, the ties that held them together began to unravel. The pileup of daily irritations and arguments created deep resentments, leaving them sad and unmoored.

"At several sessions, we discussed the 'separation anxiety' parents feel when a child departs for college. Whether it's their first child or their fourth, couples are often surprised by the intensity of their feelings. But everyone reacts differently.

"For Kate, the child of a bitter divorce who prided herself on being a good wife and mother, the CONTINUED

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can this marriage be saved?



"Kate and Phil needed to start having fun by themselves"

empty nest meant the loss of her very identity. It may also have unearthed unresolved feelings of childhood abandonment. When Phil minimized or discounted Kate's worries, her anxieties mushroomed, increasing the need to control her husband and children through nagging.

"After only one session, Kate and Phil began to relax, as it dawned on them that there was nothing specifically 'wrong' with their marriage; the relationship simply needed to change to fit this new life stage.

"One key step for this couple was to learn to voice their opinions without blaming or accusing. I also explained that anger builds slowly. The first time Phil was late, Kate might have felt resentful but swallowed her frustration and said nothing. Yet each subsequent episode added more fuel until she was left with a profound sense that her husband didn't care about her. I told Kate, 'You're making too big a leap,' and advised her to try hard not to make cosmic generalizations from small incidents. 'Tolerate the wrong-flavor ice cream, and focus on the fact that Phil loves you and tries to do the right thing, even though he sometimes slips up,' I said.

"Raised in a family that never discussed personal feelings, Phil found it hard to share even minor aspects of his day, let alone engage in the kind of heartfelt conversations Kate rightly expected. He even had trouble being casually intimate—holding her hand, putting an arm around her shoulder. 'Such gestures are the glue that holds couples together,' I said. 'Phil needs to find a way to feel comfortable while reaching out so bottled-up feelings don't come out in angry explosions.'

"Realizing that this tendency was destroying their intimacy, Phil worked with me on anger management. The first step was to identify physical sensations—a tightening in his neck or clenching in his jaw—that signaled anger. Then we targeted the specific issues that provoked him, with him jotting down in a notebook the moments he felt irritated. Time and again, Kate's obsessing about the kids triggered negative reactions, in part because it tapped into his own fears. One solution was for them to set aside time every night to discuss 'kid worries.' That way, Kate felt her concerns were addressed, and Phil knew there were limits.

"To improve communication, Phil had to get in the habit of expressing his views. He resented the way Kate orchestrated their life yet acquiesced to her suggestions. So now, before making plans, Kate asks Phil which restaurant or play he'd like to go to. I also noted that they always socialized with other people. 'You two need to have fun by yourselves,' I said. 'By doing so, you'll have a reason to continue the hard work of counseling.' They've spent recent weekends hiking or antiquing around New England and staying in bed-and-breakfasts. As they began to enjoy each other's company again, their intimacy was restored.

"And Kate has rediscovered some of her pre-motherhood interests. Just before they drove Meg to college, she started taking courses in decorative design at a local college. She's not sure where it will lead, she told me, but design is a longtime passion she now has the time and money to pursue. Both of them miss the kids and are counting the days to parents' weekend, but there's a positive twist: 'A year ago, I would have been sobbing in my room and Phil would be ignoring me, watching the football game. Now we're able to comfort each other.' They also gained strength from seeing their daughter on campus confidently making her way through the maze of class registration, dormitory move-in and meal-plan sign-ups. 'It's clear she'll be okay,' said Kate.

"'And we will, too,' said Phil."



"Can This Marriage Be Saved?®" is the most popular, most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Susan Healy, R.C.S.W (above), a family therapist in Merrick, New York. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?®" is a registered trademark of Meredith Corporation.

With whom do you sympathize more, Kate or Phil? Visit our message board at www.lhj.com/talkmarriage *and share your thoughts.*

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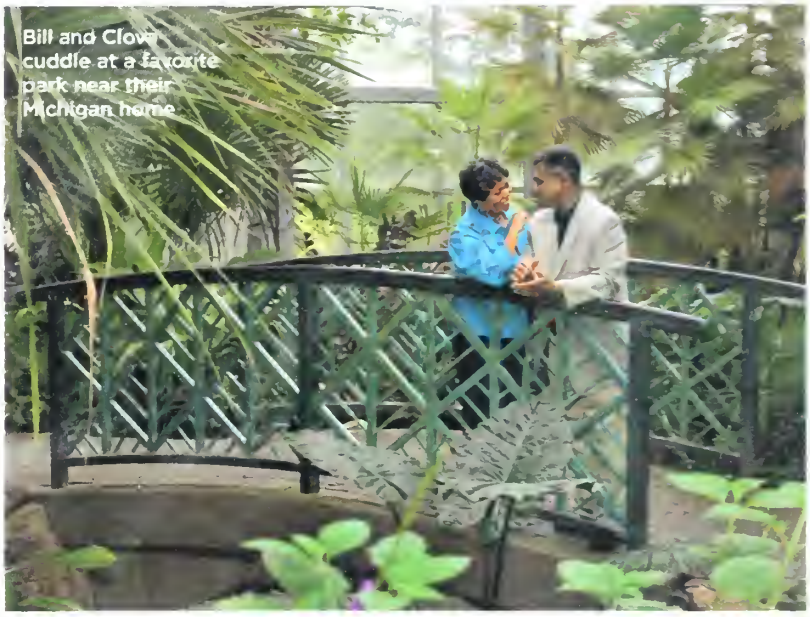
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was this marriage saved?

We Couldn't Stop Fighting


Bill and Clova cuddle at a favorite park near their Michigan home

Neither Bill nor Clova Hardiman knew how to break the cycle of blame and rage that made their marriage a constant battleground

After 13 years of marriage, Bill Hardiman, then a city commissioner for Kentwood, Michigan, would get knots in his stomach every day after work. "I dreaded my wife exploding the minute I walked in the door," says Hardiman, 57. "She'd bring up something from years earlier that I wouldn't even remember. Invariably, I'd react in anger. The tension and strife were terrible."

"Oh, yes, my anger was always brewing," admits Clova, 57, who'd left her job with the Michigan Department of Civil Rights to be a stay-at-home mom. "And I was the queen of dredging up the past."

The wake-up call came when the couple's daughter, Valenta, then 10, announced that she never wanted to get married because of the way her parents fought. Shaken, Bill signed Clova and him up for a three-day marital workshop and retreat run by their church. Clova was reluctant to participate—the weekend retreat featured lectures, communication exercises and encounter groups with other couples—but she agreed, secretly thinking it would be a chance "to tell the leader how rotten Bill was." Instead, she had her eyes opened. "I realized that I had a lot of anger from childhood. My mom supported my dad, and then he left her. She taught me never to give marriage your all because men leave. So I made my job and my daughter my priorities, not my husband. The retreat made me realize I had to stop blaming Bill for the fact that I never felt loved by my father."

That weekend also changed Bill's thinking. "For the first time I saw Clova as a delicate person," he says. "I saw that her explosiveness grew out of her effort to protect her vulnerable side. I made a conscious decision to cherish my wife, and to pursue her."

We checked in with Bill, now a Michigan state senator, and Clova, retired, to see how that pursuit is going.

Clova: "After the retreat, Bill started to court me, and I loved it! Each week, he would call and ask for a date during which we couldn't talk about our daughter—just ourselves. We've been doing that ever since."

Bill: I'm a politician, so I always try to win the debate. But I stopped doing that in our fights, which are rare now. I listen and deal with the issues. And Clova is calmer and doesn't dwell on the past.

Clova: In a list of things he wanted from me, Bill wrote "more compliments." I realized I never complimented him. I was afraid if I appeared needy or eager to please, he would leave me, just as my dad had. Gradually, I started doing things to make him happy, like cooking meat loaf, his favorite dish, or packing notes with his lunch that say "I love you."

Bill: I happen to love those notes. Our marriage improved so much that Valenta wrote down her positive feelings about it on our 23rd anniversary.

Clova: She has a wonderful marriage herself, and she and her husband also go on a date once a week.

Bill: Our marriage is awesome. For a long time, I felt as if we were in a swamp. Now, we're in a sunny meadow, with a table set for two.

BY VICTORIA BALFOUR

Was your marriage saved? If you and your spouse were featured in a past "Can This Marriage Be Saved?"® column or if your marriage improved through counseling, e-mail us at wasthismarriage@meredith.com. If we use your story, we'll pay you $500.

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how they met



"Magical things do happen," says Christine

Sea of Love

When a middle-of-the-night flood brought Seattle firefighter Steve Anderson to Christine Rusnak's home, he fell for everything he saw—especially her

Sure, it rains a lot in Seattle, but Christine Rusnak had never before gotten soaked like this. At 2 A.M. on Martin Luther King, Jr., Day, 2002, Christine woke up to a torrential downpour. *Inside* her apartment. It turns out that her upstairs neighbor's water heater had exploded in the middle of the night, sending 70 gallons of water flooding into Christine's place, one floor below. As water streamed out of her light fixtures, soaking the carpets and causing the ceiling to crumble, Christine realized she had a crisis on her hands. "It was like that scene in *The Shining*," she says, "without the blood."

"I kept calling my upstairs neighbors, but everybody in the building was gone for the long weekend," recalls Christine, 33.

The building manager's recorded message said, "In the case of an emergency, call 911." Christine thought, *I need a plumber, not an ambulance*, but dialed 911 in desperation. The operator insisted on sending the fire department.

Within minutes, a truck from the Shoreline Fire Department rolled up, and a ladderman bounded into Christine's apartment. "He took one look and said, 'we need backup.'" she says. Among the 10 reinforcements who arrived on the second truck was Steve Anderson, who'd been on the job a mere two months. Distracted as she was, Christine took no notice of any particular guy.

But if Christine was oblivious to him, Steve, 29, was instantly smitten with her, despite her bedhead and sloppy, black sweatpants. He was also captivated by her laid-back attitude. "Here's this situation where most people would be panicked," he says, "and she was so charming, joking about how she'd never had so many men in her apartment at one time before." Also, Steve adds with a laugh, "I thought she looked great at three in the morning. And I knew she could only look better from that point."

He was also struck by how comfortable and attractive Christine's apartment was. "Firefighters see people's homes all the time," he says, "and how someone lives reveals a lot about who they are." CONTINUED

BY DEBORAH BAER

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how they met

Although he wanted to get to know Christine, he refrained from flirting, for fear of seeming unprofessional.

Having done what it could to contain the damage, the fire squad departed at around 4 A.M., leaving behind a big aluminum tub to catch the water that was still dripping through a light fixture. "It was to my advantage that we left some equipment there," notes Steve, who asked his lieutenant's permission to pick up the tub—and to ask Christine out. The lieutenant gave his blessing.

At 10 A.M., the phone rang, just as Christine, a speech pathologist, was getting ready for work. "I was running late, but Steve kept talking and asking questions," she recalls. "That's when it dawned on me that he was calling to talk, not just to check on the equipment."

The conversation felt so natural to Christine that when Steve asked her out, she agreed to what was essentially a blind date (she had no memory of which firefighter he was). Three days later, she went to Steve's house for their first date. "He said, 'Since I've seen your place, why don't you come over and see mine?' I suppose it was kind of reckless of me to accept, but there was an instant trust factor with him," says Christine. "Plus, I liked that he wanted me to see his house. A lot of guys try to keep their distance in the beginning."

That first date was a success—the pair bonded over their mutual enthusiasm for fitness, the outdoors and the TV show *ER*—and over the next several months, they fell deeply in love. Christine was moved by Steve's attention to detail. "I would tell him a story and he'd remember it later," she says. "That alone made him different from the other guys I'd dated. The first time he brought me flowers, it was a

Steve could scarcely believe his good luck. "First I got my dream job, then I met my dream girl"



huge bunch of tulips because he'd noticed a vase of them in my apartment. He'd even write things down to make sure he remembered them, like the fact that I love black licorice. I mean, how often does *that* happen?"

For his part, Steve could scarcely believe his good fortune. "First I got my dream job, then I bought my house, and then I met my dream girl." The following August, the couple bought a home of their own. After settling in, they discovered an aluminum tub, identical to the one left in Christine's flooded apartment, in the shed out back. "How ironic," Steve thought. "This is the reason I met Christine."

On the morning of the first anniversary of the flood, Christine, clad in pajamas topped by a coat, was walking the couple's dog, Bradee, when a Shoreline Fire Department truck pulled up to the house. Steve's work buddies got out, but Steve was nowhere in sight. Certain that there'd been an accident, Christine's eyes started to tear. But the firemen reassured her that Steve was on another call and that they'd just come by to pick up the aluminum tub from the year before.

"Which tub?" Christine asked, confused.

"Is this the one you mean?" Christine turned around and there was Steve, holding the tub. He had spray-painted it silver and loaded it with champagne, roses, pictures, bubble bath, and a calendar marking special dates in their relationship—including that of the fateful flood. Putting down the tub, Steve grabbed Christine's hands and said, "This has been the most incredible year of my life. I'm so thankful for the day the flood happened." Then he dropped to one knee and proposed. At Christine's whispered "yes," the rest of the squad burst into applause.

Steve and Christine were married the following October, and this October, they're expecting their first child. "Flood Love" is their personal catchphrase—Christine uses it as her e-mail "handle," they've written it in wet cement at the local library and it's inscribed on the inside of Steve's wedding ring. "We'd love to incorporate it into our baby's name," says Christine, "but we haven't quite figured out how."

Got a great story about how you and your spouse met? Then send us an e-mail at lhj.howetheymet@meredith.com. We'll pay $50 for any stories we publish.

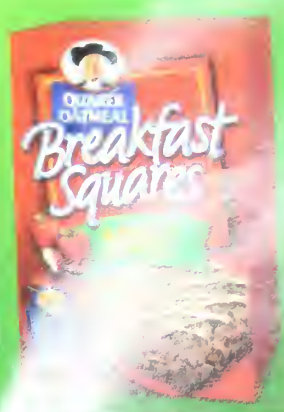
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my life as a mom



"You're Not Going Out in *That!*"

Unlike other kids, my daughter hasn't succumbed to micro-minis, multiple piercings and the other naughty-girl styles of tween fashion. At least not yet

Keenly anticipating her 12th birthday this past June, my daughter, Lila, left a wish list on my pillow that included five books and a reissued punk CD by her beloved Ramones. As an afterthought she wrote, "Clothes—whatever." I kissed the messy scrap of paper and rejoiced at her indifference. So many moms I know are suffering miserably in the spaghetti-strapped, multi-pierced, low-rider, belly-baring, platform-shod, pouty, kandy-kolored, glossy-pouted preteen purgatory now known as tween fashion.

All around me, I see what fresh hell may await should my girl decide to join this conga line in enhanced training bras. Violet's mom, Amy, details to me her seventh grader's exasperating morning toilet: Twenty minutes and six clumps of discarded clothes to yield one pair of oh-so-snug terry shorts, leopard- print flip-flops and the XX-small T-shirt printed with a duh-ism from vapid cutie Jessica Simpson ("Do buffaloes really have wings?"). Often Violet has not even begun the three-cycle hair ritual (wash/dry/ iron) when a honk sounds from without. Oops, she's done it again—missed the middle-school bus.

Amy has tried both punishment and pleading, to little avail. And she's not alone. Guidance counselors are up in arms over the spike in tardy slips and the need to redefine dress codes as these morning makeovers run overtime—and out-of-bounds. To find out what's hot, I had only to read the school dress code for my son, Sam's eighth-grade class trip to Washington, D.C.: "Halter tops, tube tops, tank tops with narrow or skinny straps, boxer shorts worn as outerwear, baggy athletic shorts, short shorts, short skirts, T-shirts with inappropriate slogans/pictures and mesh shirts without shirts underneath will *not* be permitted."

Boy cool is as baggy and big as girl stuff is tight and skimpy, and far less labor intensive. But it has its rules: Precisely five inches of Sam's boxers must show above his jeans (and beneath his oversize "hoodie" sweatshirt). So far, Sam has towed the sartorial line at school, but not without some major fashion sulks at the mall. At 14, he's been stubbornly logo loco for about two years; his fave duds featured a flocked, silk-screened, hard-charging rhino. Sam's most problematic obsession? He's a committed sneaker freak; he and his pals e-mail one another lurid pinups of the latest patent-trimmed, air- CONTINUED

BY GERRI HIRSHEY

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pumped, fat-laced T-Macs and Nike Terminators. And since his feet grow like toadstools in the night, we often tussle over matters of taste and affordability. We've come to rely on the hip diplomacy of a salesclerk named Tito, who sizes up Sam's humvee-esque fancies and Mom's Toyota wallet and comes up with compromises that avert bloodshed.

For all their excesses, boys' sneaker fetishes are safe, subliminal forms of hormonal display. I wish that that were so with the more provocative girlie tween aesthetic—part *Lolita*, part *Legally Blonde*. Lots of the retail versions are witty and cute. But some tween boutiques look like headquarters for junior lap dancers; I've seen shrink-wrapped thongs at the checkout and clingy camisoles sold as outerwear. So far Lila's only must-haves were mercifully G-rated: one pukka-shell necklace, two pairs of high-top sneakers and a keenly edited selection of tees. Lila and most of her pals still act and dress their age (no makeup, no lingerie—just jeans, capris and tees). This isn't to say my poppet is clueless. She's interested. But her observations have the clinical remove of an anthropologist's field report: "The punk kids buy baggy men's stuff at Goodwill. The cheerleaders get Juicy outfits at Totally Kool."

Such tribal divides are older than the ancient *Grease* and *Rebel Without a Cause*. For the past half century, teen fashion has been a mohaired, bedenimed, tie-dyed shot across the bow of the parental ship. In my early teens, August always found me belly down in the warm sand with my girlfriends, poring over the fat fall-preview issues of teen mags. By college, I slid off those glossy pages entirely; it was heavenly to horrify my mom with frayed bell-bottoms and a Tibetan jacket that looked like a yak's breakfast. Given what I put her through, Mommy Dearest still can't resist a jab at my Johnny Cash adult wardrobe ("Black again? You'd look younger in pastels").

I've adored every moment of my closet rebellions, and I hope my kids revel in the same (if not so cheap) thrills. So why am I creeped out by today's tween versions of *Girls Gone Wild*? Because some of it crosses the line from cute to "come hither." Beyond any feminist argument against early-onset tart wear is—I admit—every mother's knee-jerk anxiety: Now that pedophiles have search engines, is this sexy version of dress-up safe? Closer to home, watching high-school boys ogle the seventh-grade chickies, I'm reminded of that leering blues song, "Good Morning Little Schoolgirl."

> I'm creeped out by tween fashion because some of it crosses the line from cute to "come hither"

Beyond safety, I see a pretty basic mom issue at the heart of this tug-of-war over clothes: There is extreme pleasure in dressing your sweet little girl—and real sorrow the day she refuses to let you do it anymore. Draped in the latest rapster chic, your baby boy is gone forever. An way you look at it, tween and tee shopping becomes a separation is sue—mainly for Mom. Lila may sta her resolutely untrendy self or mu tate overnight into a babe or scary multiply pierced Goth. Sa could decide his modest buzz cu looks better dyed blue. My kids ar not given to extremes, but I fully re alize that the only certainty in raisin adolescents is their unpredictability.

Whatever fashion fate awaits, will take comfort in the retail wisdon of Tito, who consoled me during on shoe battle with Sam: "Hang on We're going back to the classics. An what was old will soon be hot." Sur enough, Sam's latest must-have shoe are sleek, pure white and minimalist There are also signs of a modest re treat on the tween girl front: Tween trend spotters report that girls are ditching the micro-minis, cropped tops and thong-baring jeans. One girl they polled said it's a practical con sideration: "That look called for a lot more pulling down at your shirt and tugging at your pants. All that makes you really uncomfortable."

Sensibility breaks the Pop-Tart stranglehold? Stranger things have happened. Which of us adults hasn't tossed a fashion crime into the Goodwill bag, muttering, "What was I thinking?" Since fashion is historically cyclical, there's every reason to hope that any kid stumbling through the darkest fashion daze will come out the other side as the same unique soul you adored in OshKosh overalls. And Tito's deeper message is just an update on that classic anthem by the Who: "The Kids Are Alright."

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heart of a husband

Breaking Up Is Hard to Watch



Some of our longtime couple friends are splitting up. I know divorce is part of our culture, but it's still a shock when it happens close to home

BY STEPHEN FRIED

Suddenly, a lot of couples I know are calling divorce attorneys—including two longtime marriages where I was a member of the wedding party. This could just be a coincidence, or a commentary on my ushering skills. But to me it feels like an epidemic.

When it comes to relationships, men fall into two categories—those who worry too little and those who worry too much. Personally, given the history of male stoicism, I think modern guys can almost never go wrong by overreacting to problems in relationships. It's like emotional affirmative action: It might take a pound of prevention to get an ounce of cure.

Luckily, we have yet to experience one of those "if they can break up, what prevents the world from falling off its axis?" divorces. But there's still nothing quite like the first time you hear that someone you've been close to, someone whose marriage has informed your own, has gotten a restraining order against her spouse or has emptied a joint bank account. Divorces are so much a part of our culture now; we're the first generation to grow up expecting that the marriages of our parents, our peers and our children would implode at the same unacceptably high rate. So I didn't expect to be so surprised by just how ugly divorces can be.

I also wasn't prepared for how I'd be affected by the astonishing stories you hear from friends once they've stopped their marital spin control. It's not so much the well-kept secrets that shock as the revisionist history of the things you thought you already knew about. It's the realization that you don't really know anybody until it's too late—and then suddenly you know too much.

My wife, Diane, and I disagree on why there have been so many breakups around us recently. My theory is that divorces come CONTINUED



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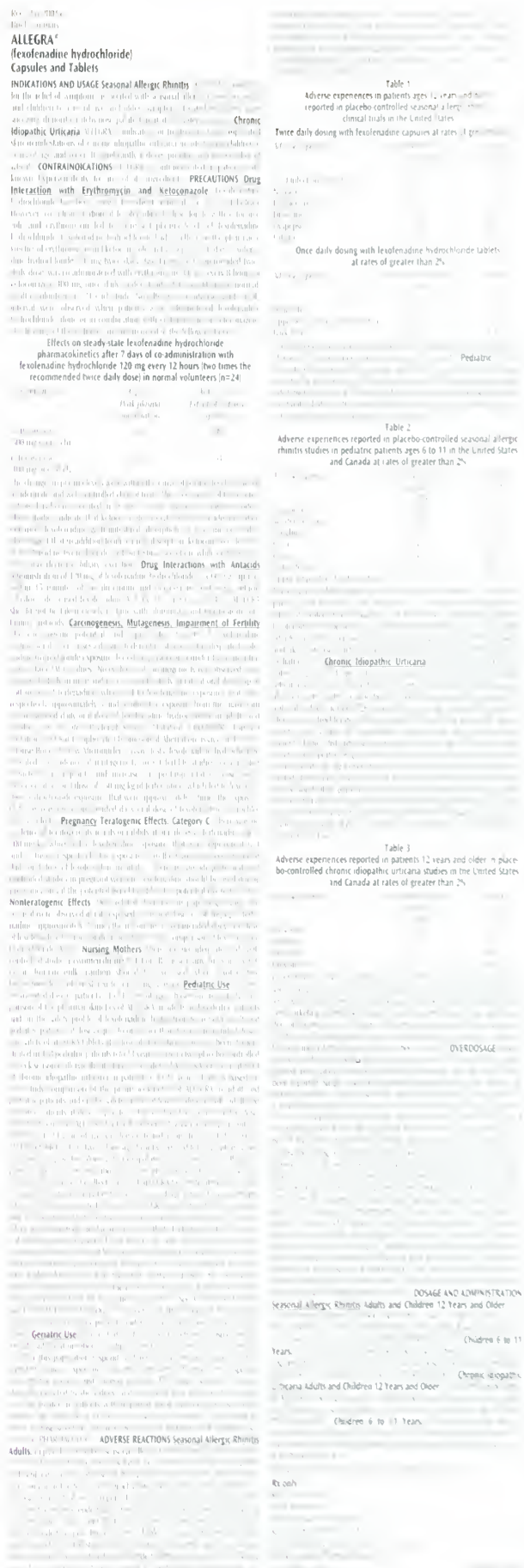
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INDICATIONS AND USAGE Seasonal Allergic Rhinitis

Chronic Idiopathic Urticaria

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Nursing Mothers

Pediatric Use

Geriatric Use

ADVERSE REACTIONS Seasonal Allergic Rhinitis

Adults

Table 1
Adverse experiences in patients ages 12 years and older reported in placebo-controlled seasonal allergic rhinitis clinical trials in the United States

Twice daily dosing with fexofenadine capsules at rates of greater than 2%

Once daily dosing with fexofenadine hydrochloride tablets at rates of greater than 2%

Pediatric

Table 2
Adverse experiences reported in placebo-controlled seasonal allergic rhinitis studies in pediatric patients ages 6 to 11 in the United States and Canada at rates of greater than 2%

Chronic Idiopathic Urticaria

Table 3
Adverse experiences reported in patients 12 years and older in placebo-controlled chronic idiopathic urticaria studies in the United States and Canada at rates of greater than 2%

OVERDOSAGE

DOSAGE AND ADMINISTRATION

Seasonal Allergic Rhinitis Adults and Children 12 Years and Older

Children 6 to 11 Years

Chronic Idiopathic Urticaria Adults and Children 12 Years and Older

Children 6 to 11 Years

How Supplied

m swarms every 15 years or so, like cicadas, broug
on in certain marriages by the accumulated persol
and professional pressures and the kids getting c
enough that you can't use "when the kids get old
as an excuse anymore. Diane views relationships
more fragile than that. Her theory is that in the life
every couple there are "windows of seduceability" f
either spouse, and astute partners recognize them a
figure out what attention must be paid.

After Diane explained her seduceability theory,
proceeded to go through all the couples we kno
speculating on who might be at risk in years
come. It is, of course, easier to contemplate the rel
tionships of your friends than to actually discu
your own fears. Or maybe the discussion about ot
er people's marriages is really about your own.

I used to be almost ambivalent about divorce
probably because I've never been through one m
self. I somehow avoided that "starter marriag
many of my friends (and my wife) had in their 20s
most of which appeared to end pretty amicably.

But divorce is much more painful and resonan
when it's a relationship that has survived into your 3
and 40s. There are kids involved this time, and that
just brutal. I sometimes feel as if I should be pilin
these children into the car and taking them to the zo
for, say, a year until their parents get through the wor
of their acting out. And there's money and property t
split up. The biggest things my friends divided durin
the 1980s divorces were record collections.

But, ultimately, it's the less-predictable aspects o
21st-century divorce that so unnerve me. For exam
ple. I'm seeing more relationships where it's actually
the wife's affair that leads an unstable marriage to fi
nally blow up. I realize it's sexist of me to be sur
prised by this, but I still am.

I'm also amazed at the absolute wrecks that the sep
arating and divorcing husbands are—and how hard i
is for these guys to find anyone who will care abou
their feelings. I'm not trying to take sides in these di
vorces. But while both halves of a couple either make
or break a marriage, people are not accustomed to
paying much attention to the guy's emotions. When
men realize it's over, they are often like sodas that
have been shaken for years and are finally opened.

You should hear the way men talk about the
breakup of their marriages during private moments.
What they have to say can be amazingly honest, and
often kind of brilliant. It's all the stuff they never said
when it mattered—all the things they were afraid

ere going wrong, but were too afraid to talk about. cause saying them out loud might make them too al. It's their guilt about the stuff they know they ouldn't have done, but did anyway, before and af r their marriages hit the wall.

In most cases, their wives (or ex-wives) will never ear a word of this. It is simply too late for these sights.

This breaks my heart, because in 17 years of mar age I have become the eternal relationship optimist. firmly believe that most screwed-up couples are just few hard-earned insights away from stability. (I'm ie one who always answers "yes" to "Can this mar age be saved?") To me, there's nothing worse than life-changing realization that arrives just *after* the ick of time. Especially because, unlike those mar ages that failed when we were in our 20s, I'm not ure how many of our friends will be able to use ese insights to find new love again.

While the divorce rate has been stable for a while, ates of remarriage have gone down, as have the robabilities that a second marriage will work out. And there is also a marked difference between the vay men and women handle divorce. In a stunning iece of research published late last year, it was re ealed that divorced men commit suicide nearly 10 imes more often than divorced women. But, di vorced women don't commit suicide any more often han married women do. This information shocks ut somehow doesn't surprise. Divorced women know how to take care of one another. Psychological ly, divorced men are like all men—away from work they barely know how to take care of themselves.

I think women often assume that long-married guys will be jealous of their peers who are suddenly "freed," which is why they often fear that divorce can be contagious in groups of couple friends. While I have noticed great solidarity among men who bitch about their marriages or even stray from them, I've seen very little closeness among men whose mar riages are actually over.

I don't envy these guys their freedom one bit. I wor ry for them. And I am committed to doing whatever it takes not to join them.

Next month: What it means when men say, "Yes, dear."

Have questions or comments for Stephen? E-mail him at lhj.heartofahusband@meredith.com.
Read more about him, and catch up on his past columns, at www.lhj.com/stephenfried

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AHRQ

U.S. Preventive Services Task Force. Screening for Obesity in Adults: Recommendation and Rationale. November 2003. Agency for Healthcare Research and Quality, Rockvil

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ACCEPT the weight control plan that's right for you.

AGREE on treatment goals.

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United Health Foundation

animal affairs



"He's the calming force in my life," says Grahmann of her miniature horse

Her Perfect Pal

Donna Grahmann's seeing-eye pony is a top-notch guide animal–but he's also a special friend who nourishes her soul

For the first time in four years, Donna Grahmann, who is nearly blind, walked around a department store without the aid of her husband or her mother. Instead, she shopped with Pal, her horse.

Yes, a horse. At 151 pounds and 2.5-feet tall, Pal, a registered miniature horse and trained guide, is learning to go everywhere with Grahmann, 43, of Magnolia, Texas. Pal wears a harness and a blanket that says, "Do not touch. Assistance animal on duty," and specially made sneakers so his hooves don't skid on slippery surfaces. A side benefit of the sneakers is that the clip clop, clip clop sound of Pal's gate is muffled, causing less of a stir among strangers who aren't used to seeing a horse, say, trotting by the makeup counter, or for that matter, wandering through the linen department. Pal did a great job of warning Grahmann that a pile of blankets and pillows had just fallen into one aisle. He stopped, yanked his head, and led her clear of them.

Later, Grahmann met her husband, David, who had been shopping on his own, and they went outside. It was time to test some of Pal's 23 verbal commands, such as: "Okay, Pal, find the truck!" And so Pal clopped to the truck and quietly took his place in the back seat of the extended cab. He hung his head over the front seat, and Grahmann gave him a carrot and a scratch. "That's my buddy," she said. "Good boy."

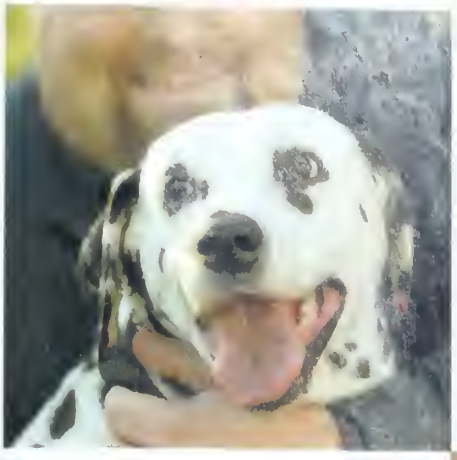
Pal arrived in Grahmann's life on Thanksgiving Day, 2003, and ever since it's been a learning experience. Using miniature horses as guide animals is still in its infancy. Just three have been placed in U.S. homes by the Guide Horse Foundation of Kitrell, North Carolina, the first organization to train miniature horses, a breed more known to make great pets than guide animals.

An animal lover by nature, Grahmann had considered getting a guide dog when her eyesight dramatically worsened in the 1990s due to her lifelong battle with diabetes. But she was disheartened by the lengthy waiting list of the program she looked into. There were also her CONTINUED

BY JEANNE MARIE LASKAS

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three border collies. How would they handle a new dog constantly by her side? She gave up on the idea. Back then, as she lost all the sight in her right eye and the surgeries on her left reduced her to small spots of vision, it seemed everything was impossible.

Indeed, it was as if her whole, happy life was coming apart.

Horses were her first love. As a kid, she had asked her mother for a horse every year for Christmas, and when she turned 17, her wish finally came true. Grahmann rode Rebel in horse shows for years, winning ribbons and state championships—and he eventually led her to David, a contractor whom she met at the barn where the horse was boarded. When she married David, Rebel came too, moving into a small barn in the couple's three-acre backyard. Grahmann continued to ride in competitions even as her eyesight deteriorated. "Rebel and I were automatic," she says. "I trusted him with my life."

Then, in 1990, she lost Rebel to a single bolt of lightning while he stood by the barn. It was a devastating loss for a woman who was already losing so much. As darkness filled her world in the most literal ways, what she held onto was the memory of Rebel's eyes. She never found another horse with "Rebel eyes."

One day, in 2002, her mother was with her in the waiting room of a doctor's office. "You're not going to believe this," her mother said, reading a magazine. "Guide horses?" She read the article to Grahmann. The Guide Horse Foundation was founded in 1999 by Janet Burleson, a veteran horse trainer, and her husband, Don. Their inspiration, in part, was their pet miniature horse, Twinkie (she's the mascot for the organization, and not in service), who followed them around like a dog.



Decked out in sneakers, Pal helps Grahmann shop on Main Street in Tomball, Texas

Anyone who has ever seen a police horse navigate city traffic knows that well-trained horses can be incredibly calm and focused. As herd animals, horses can form bonds for life, making them ideal service animals. Horses also have great memories, are vigilant, and can see in a range of nearly 360 degrees and have excellent night vision. Burleson, who had trained Arabians for 30 years, knew how to teach commands, and with the help of guide-dog trainers, eventually came up with a system that worked.

The volunteer-run Guide Horse Foundation is funded by donation, so the horses are placed free of charge. Each horse goes through at least six months of training by Burleson and her team. Guide horses aren't for everyone—you need a yard big enough for grazing and a small shelter—but they're alternatives for people who are allergic to or afraid of dogs, and for those who want a guide animal with a long life span: Miniature horses normally live up to 35 years.

Grahmann went to North Carolina for a three-week training course on how to work with Pal. He already knew the verbal commands, but she had to learn how to handle his harness, how to ride escalators with him, how to cross the street, and how to know just when he had to go outside. Yes, horses can be house-trained.

"Pal has totally changed my life," Grahmann says. "I couldn't go anywhere by myself before—and now look at me!" She and her husband are teaching Pal the layout of the whole mall—they simply take him for walks, making note of doors and elevators. Once Pal learns its layout, Grahmann will be free to wander into the food court and into dressing rooms, just the two of them. He doesn't help her inside her home, although it would certainly be possible to train him to. But Grahmann doesn't need a lot of help around the house, so she keeps Pal in Rebel's old barn, with a companion horse, also a miniature. The foundation insists that the horses have companions for their mental health, and so they donate them, too.

Pal has already brought Grahmann some degree of mobility, such as on that recent day of shopping in a department store. A small moment, but a real joy for a woman who for years has been unable to move about without the assistance of a family member. But her newfound freedom is about more than just logistics.

"Pal has Rebel eyes," she says with a whisper of longing. "I saw them the first day I met him." She saw them through the small spots of vision. She saw them and fell in love. "I embraced him and loved him and petted him, and he soaked it all in. He's become the calming force of my life."

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Cats don't ask permission. Cats don't debate. Cats don't wonder why. Cats act and react.
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We celebrate the cat for being a cat. We embrace them and their animal instincts.
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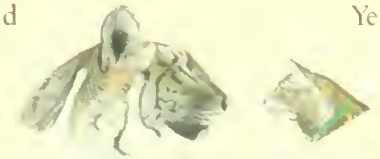
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every cat's greatest enemy, the dreaded vacuum clea

Once a cat spots his prey, he's got to catch it. Most
catch their prey by pouncing. They can jump ne
six times their own height. If people could jump
that, we wouldn't need ladders to clean our gutter

Two Reasons to Take Our Feline Friends Seriously: Teeth and Claws

carnivores, cats have razor-sharp teeth, their canines to their molars. Cats use molars to tear food into pieces small gh to swallow, unlike humans, who use their rs to grind. This could be a big part of why ıever see cats chewing bubblegum.



The perfect tool

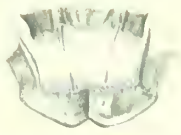
The only thing sharper than cats' teeth may be their claws, which they can extend and retract at will. Cats use them to mark their hunting territory, which can range up to 2,000 acres. Sadly, many innocent sofas and table legs have also been claimed by this instinctual urge.

Knowing Cats Means Knowing What Cats Crave

learn about the hunting characteristics of cats? use *Whiskas*® isn't just a cat food company. We're t company. That's why we have a cat learning er with over 100 veterinarians and more than 600 ıtists who live and play with cats 365 days a year. only that, *Whiskas*® works with leading experts in universities, research institutes and government organizations, as well as veterinarians in private practice.



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Our kibbles fit how cats chew

That's why our dry cat food kibbles are specially shaped to allow cats to grip and chew food the way their mouths were designed. It's also the reason why our foods are made with beef, poultry and fish, providing the necessary protein and great meaty tastes cats absolutely crave.

Everything we know about cats has been distilled to fit into a pouch, can or bag of *Whiskas* cat food. So try not to laugh when your cat savagely pounces on your sofa pillow. Feed his inner beast with *Whiskas*. Your cat will be pleased. Not only because he knows you love him, but because he knows you understand him.



The meaty taste cats crave



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Can You Turn on the Charm?

Some women float through life on a cloud of charm, easily securing desirable husbands and jobs. The rest of us: earthbound forever. But believe it or not, we can all increase our charm quotient, says Helen Fisher, Ph.D., a research professor in the department of anthropology at Rutgers University in New Brunswick, New Jersey. Her crystallizing definition: Charm is the ability to make others feel good about themselves Of course, it comes more effortlessly for some people—but it's never too late to master the basics. First, learn how to listen. Charming people practice "active listening"—they convey interest in other people, asking lots of questions, following up. Second, they smile. A lot. "When you look at a happy person, your face imitates her face," Fisher says. "And when you smile, it triggers some circuitry in the brain that makes you feel good. So you are drawn to that person."

—Nina Burleigh



Picture Yourself Happier

Looking for the secret to real joy? We've got good news: There's more than one. Researchers Rick Foster and Greg Hicks traveled the U.S. and Europe interviewing happy people across the map. The pair found nine commonalities among cheerful folk, which they reveal in their book *How We Choose to Be Happy: The 9 Choices of Extremely Happy People—Their Secrets, Their Stories*. But don't just take their word. Preliminary results from medical studies currently under way validate the book's findings. To get a head start, try the top three secrets:

BE ACCOUNTABLE Happy people refuse to be victims because blame doesn't allow you to move forward.

INTEND TO BE HAPPY Once you plant a seed in your brain to be more content, you can shift the way you see the world.

SEE THE GOOD IN THE BAD When something bad happens, learn from it and look for new opportunities. *—Tricia O'Brien*

Soothe Stress Without Leaving Home

Is stress a uniquely American phenomenon? No, but some cultures seem able to cope better with stress, say researchers from the University of Missouri-Columbia. They surveyed 3,000 Taiwanese and more than 1,000 South Korean students and saw some key differences: While Asians tend to consult with older family members during times of stress, in the U.S. we tend to try to fix our problems ourselves. "In Asia, the prevailing attitude tends to be, 'We're all in this together,' but in America we have this idea that 'I have to solve this problem on my own,'" says Puncky Heppner, Ph.D., professor of educational, school and counseling psychology. The study suggests that we tend to forget our older family and community members have years of wisdom that we could benefit from.

The next time you're feeling frazzled, turn to an older family member. You might get some totally relevant—and deeply caring—advice. *—Melinda Page*

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Fear of Food Shopping



Sometimes my husband and I wonder how we've managed to stay together for 12 years, considering that we have so little in common. Then I remember our secret: grocery shopping. He loves it and does almost all of it. I, on the other hand, enter a supermarket with the same vague sense of dread a lab bunny must feel when he spies an eyedropper: No good can come of this.

I've tried to figure out why I hate food shopping so much, and I've narrowed it down to three key reasons. First, I hate too much choice. What's a desirable quality in a frozen French fry? Being soft on the inside and crispy on the outside, right? This isn't terribly complicated. Yet I noticed recently that there are now Golden Crinkles, Fast Food Fries, Zesty Twirls, not to mention an Extra Crispy line.

So just what were the fries I'd been buying all along—the Not Quite Crispy Enough Fry? The I Am Failing My Children by Not Giving Them All the Crunch They Could Ask for Tater Tot? Faced with the need to make so many of these kinds of mind numbingly nuanced decisions, I become as frenzied and outraged as a toddler. Please, just give me a French fry that's crunchy, people!

Second, I hate too much information. I'd like to go back to the time when one could purchase, say, a piece of cheese without the benefit of a historical narrative. There are too many frustrated screenwriters in the food-marketing business. I think of my recent desire for an energy bar. I wanted to buy one energy bar, so naturally I ended up with 14 because how could I possibly pick only one from the 600 different choices offered to me?

Anyway, I made my usual mistake of pausing for a moment to read about them. One company believes that "food feeds our souls, lifts our spirits, nourishes and sustains us," and that by eating its brand you can join them in "healthy, joyous living." Hey, it's not just a snack—it's a religious experience! Or perhaps you're craving an energizing health shake with "critical keto-nutrients"? And exactly what's a keto-nutrient? I'm so glad you asked. I'd tell you the print on the packaging weren't so obscenely small, though I did make out the words spirulina, chlorella, ulva and dulse. And I got involved reading about the benefits of proteolytic enzymes that I failed to notice until a helpful shopper alerted me—that my omnivorous two-boys were happily tearing into a pound of raw meat.

If only I could shop with the pure, unadulterated joy of my husband, John, or for that matter, my son Henry. You think that Henry, being not yet 3, would be as overwhelmed as I am at the supermarket. But no. All I have to do is bark out orders—"banana," "yogurt," "potato chip"—and he fetches the brand within reach and throws it in his "customer-in-training" cart. Henry doesn't angst over crispy vs. extra crispy. Since he cannot yet read, he doesn't feel compelled to pore over the long, proud history of Pepperidge Farm or the jolly camaraderie of the Keebler Elves. A grocery store, to him, is like a trip to the North Pole, filled with merry people and an abundance of good things.

Still, I sometimes worry about the future. Last week, for the first time, Henry reached for two bottles of soda. One was Coke, and one was Pepsi. "Dis? Or dis?" he inquired. He looked confounded by the choice. I handed him a package of ground chuck to eat and told him we'd think about it later.

BY JUDITH NEWMAN

NOT MANY THINGS KNOCK YOU OUT LIKE A MIGRAINE



BUT YOU CAN KNOCK OUT A MIGRAINE WITH RELPAX

Relpax is the latest in migraine medicine. It relieves migraine pain and symptoms, such as nausea and sensitivity to light and sound. It even works on severe migraines. For some people, Relpax starts to work in as little as 30 minutes. And clinical studies prove that with Relpax, more people got relief with just one dose than those taking Imitrex®.* So don't lose another day to a migraine. Ask your doctor about Relpax. And when the next migraine hits, you'll be ready.

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ly your doctor can decide if Relpax is right for you. If you have certain types of heart disease, a history of stroke, TIA, uncontrolled blood pressure, you should not take Relpax. Very rarely, certain people, even some without heart disease, ve had serious heart-related problems. Talk to your doctor if you have risk factors for heart disease such as smoking, gh blood pressure or high cholesterol, or if you're pregnant or nursing. Relpax should not be used within at least 72 urs of treatment with the following medicines: Nizoral®, Sporanox®, Serzone®, TAO®, Biaxin®, Norvir® and Viracept®.

ase see patient summary of information on next page.

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Pfizer

PATIENT SUMMARY OF INFORMATION

RELPAX®

(eletriptan hydrobromide)

Please read this information before you start taking RELPAX and each time you renew your prescription. Remember, this summary does not take the place of discussions with your doctor. You and your doctor should discuss RELPAX when you start taking your medication and at regular checkups.

What is RELPAX?

RELPAX is a prescription medicine used to treat migraine headaches in adults. RELPAX is not for other types of headaches.

What is a Migraine Headache?

Migraine is an intense, throbbing headache. You may have pain on one or both sides of your head. You may have nausea and vomiting, and be sensitive to light and noise. The pain and symptoms of a migraine headache can be worse than a common headache. Some women get migraines around the time of their menstrual period. Some people have visual symptoms before the headache, such as flashing lights or wavy lines, called an aura.

How Does RELPAX Work?

Treatment with RELPAX reduces swelling of blood vessels surrounding the brain. This swelling is associated with the headache pain of a migraine attack. RELPAX blocks the release of substances from nerve endings that cause more pain and other symptoms like nausea, and sensitivity to light and sound.

It is thought that these actions contribute to relief of your symptoms by RELPAX.

Who should not take RELPAX?

Do not take RELPAX if you:

- have uncontrolled high blood pressure.
- have heart disease or a history of heart disease.
- have hemiplegic or basilar migraine (if you are not sure about this, ask your doctor).
- have or had a stroke or problems with your blood circulation.
- have serious liver problems.
- have taken any of the following medicines in the last 24 hours: other "triptans" like almotriptan (Axert®), frovatriptan (Frova™), naratriptan (Amerge®), rizatriptan (Maxalt®), sumatriptan (Imitrex®), zolmitriptan (Zomig®); ergotamines like Bellergal-S®, Cafergot®, Ergomar®, Wigraine®; dihydroergotamine like D.H.E. 45® or Migranal®; or methysergide (Sansert®). These medicines have side effects similar to RELPAX.*
- have taken the following medicines within at least 72 hours, ketoconazole (Nizoral®), itraconazole (Sporanox®), nefazodone (Serzone®), troleandomycin (TAO®), clarithromycin (Biaxin®), ritonavir (Norvir®), and nelfinavir (Viracept®). These medicines may cause an increase in the amount of RELPAX in the blood.*
- are allergic to RELPAX or any of its ingredients. The active ingredient is eletriptan. The inactive ingredients are listed at the end of this leaflet.

Tell your doctor about all the medicines you take or plan to take, including prescription and non-prescription medicines, supplements, and herbal remedies. Your doctor will decide if you can take RELPAX with your other medicines.

Tell your doctor if you know that you have any of the following: risk factors for heart disease like high cholesterol, diabetes, smoking, obesity, menopause, or a family history of heart disease or stroke.

How should I take RELPAX?

RELPAX comes in 20 mg and 40 mg tablets. When you have a migraine headache, take your medicine as directed by your doctor

- Take one RELPAX tablet as soon as you feel a migraine coming on.
- If your headache improves and then comes back after 2 hours, you can take a second tablet.
- If the first tablet did not help your headache at all, do not take a second tablet without talking with your doctor.
- Do not take more than two RELPAX tablets in any 24-hour period.

What are the possible side effects of RELPAX?

RELPAX is generally well tolerated. As with any medicine, people taking RELPAX may have side effects. The side effects are usually mild and do not last long.

The most common side effects of RELPAX are:

- dizziness
- nausea
- weakness
- tiredness
- pain or pressure sensation (e.g., in the chest or throat)

In very rare cases, patients taking triptans may experience serious side effects, including heart attacks. **Call your doctor right away** if you have:

- severe chest pains
- shortness of breath

This is not a complete list of side effects. Talk to your doctor if you develop any symptoms that concern you.

What to do in case of an overdose?

Call your doctor or poison control center or go to the ER.

General advice about RELPAX

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use RELPAX for a condition for which it was not prescribed. Do not give RELPAX to other people, even if they have the same symptoms you have.

This leaflet summarizes the most important information about RELPAX. If you would like more information about RELPAX, talk with your doctor. You can ask your doctor or pharmacist for information on RELPAX that is written for health professionals. You can also call 1-866-4RELPAX (1-866-473-5729) or visit our web site **www.RELPAX.com.**

What are the ingredients in RELPAX?

Active ingredient: eletriptan hydrobromide
Inactive ingredients: microcrystalline cellulose, lactose, croscarmellose sodium, magnesium stearate, titanium dioxide, hypromellose triacetin, and FD&C Yellow No. 6 aluminum lake.

Store RELPAX Tablets at room temperature 15-30°C (59-86°F).

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Revised September 2



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VETERINARY
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CELEBRATE YOURSELF!

We adults should take a cue from kids when it comes to our birthdays—making them days of delights and wish fulfillment as well as basking in the glory of who we are, and might still become

BY LESLEY DORMEN

There you are, spinning the greeting-card racks, trying to find the perfect card to acknowledge a friend's fortysomething birthday. On one rack are the so-called funny cards, each one "humorously" addressing a theme about female aging: the hilarious loss of muscle tone, the comedy of forgetfulness, the laugh riot of lying about your age. On another rack are the hearts-and-flowers cards assuring your pal she's not only getting older, she's getting better, and furthermore, she's the wind beneath your wings. Yuck. Is this a birthday or a coronation? You spin yet a third rack, trying to find something that speaks to the witty, wise, complicated, compelling flesh-and-blood woman you know (and are yourself, in fact), the one planning to treat herself to either a Botox shot or a Buddhist retreat for this year's birthday and who has instructed her friends to skip the gifts and donate money to a charity instead. CONTINUED



Is it any wonder the greeting-card industry has a hard time getting it right? Whether a woman is 27 or 67, when her birthday rolls around, she's likely to find herself holding a psychic party bag filled with contradictory emotions. Yet disentangling those fears and hopes and dreams—and figuring out how comfortable we are with ourselves and with the fact that we are getting older—can lead to a greater self-awareness, and hopefully a new sense of satisfaction.

But first, there's the matter of mortality. However sweet the spotlight, delicious the cake and splendid the presents, a birthday is a reminder that time is passing, that this day—this us—will never come again. "Birthdays remind us of our impermanence," says Phyllis Koch-Sheras, Ph.D., a clinical psychologist in Charlottesville, Virginia. Accordingly, we want to seize the day—or pull the covers back over our heads. Impatient as children are for the privileges that come attached to age—first bike, first bra, first driver's license—even they can sense the ending that is wrapped in each of their new beginnings. One woman vividly remembers that line of demarcation more than 30 years later: "At age 9 I thought, *Well, this is my last birthday where my age is a single digit.* It felt like the end of childhood to me."

In fact, your birthday is the perfect time to reflect on the person you are and to examine your goals. Birthdays have been occasions to take inventory since the invention of the calendar, a word that comes from the Latin root *kalendae* and means "the day on which the accounts are due." Now the accounting we do is personal. "Just about any birthday can nudge us into taking stock," says Carol Goldberg, Ph.D., a clinical psychologist in New York City. "We compare where we are with where we thought we'd be at whatever age we've reached." It's common to use a birthday to set goals for ourselves—lose the last 10 pounds, push for a promotion, quit smoking—but this only serves to undermine the pleasure principle so intrinsic to birthdays.

If we can tap into a birthday's potential for delight, the rewards can be rich indeed

If we can instead tap into their potential for delight—the way kids experience them everywhere—the rewards can be rich indeed. "I like to make a fuss, and the one year I skipped celebrating, I wound up feeling sad about it," says Melissa Sandor, a fund-raising consultant who lives in New York City. "So last year, I went to dinner with friends. Someone brought sparklers, and when we lit them, you could see delight on the face of every single adult in the restaurant. We were all transformed into children. I had a ball."

Treating that one day as the sugary rose on the year's cake, an orgy of wish fulfillment, ego stroking and gluttony, is exactly the sort of childish behavior we should refuse to outgrow, says Sheenah Hankin, Ph.D., author of *Complete Confidence: Playing the Game of Life With a Winning Hand.* "Your birthday is a day to celebrate the year gone by in whatever way that feels special to you, glory in what you've achieved and toast the year that lies ahead," Hankin says.

Why is it so hard for us grown-ups to wallow in the cheeky, sneaky pleasures of blowing out a birthday candle or delighting in a brand-new trinket? After all, this is a time when many of us are abandoning society's fixed ideas about what any given age is "supposed" to look like, feel like and signify. We live longer than any previous generation. We're far more health and fitness conscious. The smoke-and-mirror effects of wrinkle creams and cosmetic surgery have blurred reality even more. Could it possibly matter how many candles are sparkling on the birthday cake when every 40-year-old first-time mother, every 50-year-old college freshman, every 60-year-old marathon biker expands our understanding and experience of age?

Milestones are always tricky and always will be. When we're young, birthdays serve as reminders of imminent adulthood and all of its intoxicating freedoms—"I'm 16, now I can drive" and "I'm 18, now I can vote." Once we settle into midlife, birthdays are reminders, no matter how positive our attitude toward aging, of less exciting markers. It can also be a little stunning, as when the day arrives that you definitely can't read the menu without glasses . . . your doctor or boss turns out to be younger than you are . . . you realize the guy standing behind the Starbucks counter isn't flirting with you at all but with your 13-year-old daughter.

Everyone brings to birthdays a perfectly normal human vanity. And even as we compare notes on this astounding and mysterious journey, we can't help but be CONTINUED

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anything other than our own idiosyncratic selves, variously insisting that 40 was a cakewalk and 50 a shock—or was it the other way around?

The philosopher Kierkegaard's famous observation that we live life forward but understand it backward is a birthday paradox we're all destined to appreciate. "I have this photo of myself on the beach in a bikini from the summer I turned 40," says 48-year-old writer Fran Jacobs. "I remember hating this picture. I thought my thighs were too heavy and my stomach wasn't flat enough. Today I look at that picture and think, God, I look great! No, I didn't look 18—when you're 18, you're a miracle of nature—but at 40 I had a nice body and didn't even know it." Others cling to the thought that we'll never look as good as we do on this birthday right now—until we get to our next birthday and think . . . exactly the same thing.

In other words, age is in the eye of the birthday beholder. "When I was 38, the terrible year of my divorce, I felt ancient," says a friend. "Now I'm 48 but feel light years younger because I'm so much happier." And then there's my favorite birthday mind-binder, another dear friend, this one in her late 60s, who confided in me that she routinely adds five years to her age and, as a consequence, is always being told how wonderful she looks.

On any given day I'm one age on my driver's license, one age on my yoga mat and a third age in my head. Researchers at Brandeis University in Waltham, Massachusetts, wanted to know if feeling younger was tied to feeling happier—having higher self-esteem and better body image and being more satisfied with life. They predicted that as women continued to age, their subjective age (how old they "feel" inside, regardless of their birthdays) would continue to drop. Well, they were right about that.

Women most comfortable with their age are also the happiest, one study reveals

But the researchers had also expected that the older women with the greatest discrepancy between their actual age and their inner age would be the happiest with how life is going—and they were completely wrong. It turns out that the women who were most accepting of their age, and had no interest in disowning it to anyone, were the ones who scored the highest satisfaction with their lives. Conclusion? It isn't how young we feel but how in sync we are with our chronological age itself that determines our feelings of well-being.

So when another birthday rolls around, don't ignore it. Don't obsess about your age or your undone list of lifetime "to-dos." Do what I plan to do each October 13: Wake up happy and proud and primed for the pleasures the day will bring.

Sparklers would be nice.

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What better time than now to ask your doctor if non-stimulant Strattera is right for your child? If it is right, you could be giving your child effective ADHD symptom relief not just at school, but also for the other activities your child's life is full of. Like playing with friends, spending time with the family, during dinner, and homework time. Strattera is the first and only FDA-approved non-stimulant ADHD medication. It effectively treats ADHD symptoms all day and even into the evening. Strattera is part of a total treatment plan.

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Safety Information: Your child should not take Strattera at the same time or within two weeks of taking an MAOI, or if he or she has narrow angle glaucoma. Tell your doctor if your child has a history of high or low blood pressure, increased heart rate or any heart or blood vessel disease.

Some children may lose weight when starting treatment with Strattera. As with all ADHD medications, growth should be monitored during treatment.

Most children in clinical studies who experienced side effects were not bothered enough to stop using Strattera. The most common side effects were upset stomach, decreased appetite, nausea or vomiting, dizziness, tiredness, and mood swings. Strattera has not been tested in children under 6 years of age.

www.strattera.com

See patient information on adjoining page.

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INFORMATION FOR PATIENTS OR THEIR PARENTS OR CAREGIVERS

STRATTERA® (atomoxetine HCl)

Read this information before you start taking STRATTERA (Stra-TAIR-a). Read this information you get each time you get more STRATTERA. There may be new information. This information does not take the place of talking to your doctor about your medical condition or treatment.

What is STRATTERA?

STRATTERA is a non-stimulant medicine used to treat Attention-Deficit Hyperactivity Disorder (ADHD). STRATTERA contains atomoxetine hydrochloride, a selective norepinephrine reuptake inhibitor. Your doctor has prescribed this medicine as part of an overall treatment plan to control your symptoms of ADHD.

What is ADHD?

ADHD has 3 main types of symptoms: inattention, hyperactivity, and impulsiveness. Symptoms of inattention include not paying attention, making careless mistakes, not listening, not finishing tasks, not following directions, and being easily distracted. Symptoms of hyperactivity and impulsiveness include fidgeting, talking excessively, running around at inappropriate times, and interrupting others. Some patients have more symptoms of hyperactivity and impulsiveness while others have more symptoms of inattentiveness. Some patients have all 3 types of symptoms.

Symptoms of ADHD in adults may include a lack of organization, problems starting tasks, impulsive actions, daydreaming, daytime drowsiness, slow processing of information, difficulty learning new things, irritability, lack of motivation, sensitivity to criticism, forgetfulness, low self-esteem, and excessive effort to maintain some organization. The symptoms shown by adults who primarily have attention problems but not hyperactivity have been commonly described as Attention-Deficit Disorder (ADD).

Many people have symptoms like these from time to time, but patients with ADHD have these symptoms more than others their age. Symptoms must be present for at least 6 months to be certain of the diagnosis.

Who should NOT take STRATTERA?

Do not take STRATTERA if:

- you took a medicine known as a monoamine oxidase inhibitor (MAOI) in the last 2 weeks. An MAOI is a medicine sometimes used for depression and other mental problems. Some names of MAOI medicines are Nardil® (phenelzine sulfate) and Parnate® (tranylcypromine sulfate). Taking STRATTERA with an MAOI could cause serious side effects or be life-threatening
- you have narrow angle glaucoma, an eye disease.
- you are allergic to STRATTERA or any of its ingredients. The active ingredient is atomoxetine. The inactive ingredients are listed at the end of this leaflet.

What should I tell my doctor before taking STRATTERA?

Talk to your doctor before taking STRATTERA if you:

- have or had liver problems. You may need a lower dose.
- have high blood pressure. STRATTERA can increase blood pressure.
- have problems with your heart or an irregular heartbeat. STRATTERA can increase heart rate (pulse).
- have low blood pressure. STRATTERA can cause dizziness or fainting in people with low blood pressure.

Tell your doctor about all the medicines you take or plan to take, including prescription and non-prescription medicines, dietary supplements, and herbal remedies. Your doctor will decide if you can take STRATTERA with your other medicines.

Certain medicines may change the way your body reacts to STRATTERA. These include medicines used to treat depression [like Paxil® (paroxetine hydrochloride) and Prozac® (fluoxetine hydrochloride)], and certain other medicines (like quinidine). Your doctor may need to change your dose of STRATTERA if you are taking it with these medicines.

STRATTERA may change the way your body reacts to oral or intravenous albuterol (or drugs with similar actions), but the effectiveness of these drugs will not be changed. Talk with your doctor before taking STRATTERA if you are taking albuterol.

How should I take STRATTERA?

- Take STRATTERA according to your doctor's instructions. This is usually taken 1 or 2 times a day (morning and late afternoon/early evening).
- You can take STRATTERA with or without food.
- If you miss a dose, take it as soon as possible, but do not take more than your total daily dose in any 24-hour period.
- Taking STRATTERA at the same time each day may help you remember.
- STRATTERA is available in several dosage strengths: 10, 18, 25, 40, 60 mg.

Call your doctor right away if you take more than your prescribed dose of STRATTERA.

Other important safety information about STRATTERA

Use caution when driving a car or operating heavy machinery until you know how STRATTERA affects you.

Talk to your doctor if you are:

- pregnant or planning to become pregnant
- breast-feeding. We do not know if STRATTERA can pass into your breast milk.

What are the possible side effects of STRATTERA?

The most common side effects of STRATTERA used in teenagers and children over 6 years old are:

- upset stomach
- decreased appetite
- nausea or vomiting
- dizziness
- tiredness
- mood swings

Weight loss may occur after starting STRATTERA. It is not known if growth will be slowed in children who use STRATTERA for a long period of time. Your doctor will watch your weight and height. If you are not growing or gaining weight as expected, your doctor may change your treatment of STRATTERA.

The most common side effects of STRATTERA used in adults are:

- constipation
- dry mouth
- nausea
- decreased appetite
- dizziness
- problems sleeping
- sexual side effects
- problems urinating
- menstrual cramps

Stop taking STRATTERA and call your doctor right away if you get swelling or hives. STRATTERA can cause a serious allergic reaction in rare cases.

This is not a complete list of side effects. Talk to your doctor if you develop any symptoms that concern you.

General advice about STRATTERA

STRATTERA has not been studied in children under 6 years old.

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use STRATTERA for a condition for which it was not prescribed. Do not give STRATTERA to other people, even if they have the same symptoms you have.

This leaflet summarizes the most important information about STRATTERA. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information on STRATTERA that is written for health professionals. You can also call 1-800-LILLY-RX (1-800-545-5979) or visit our website at www.strattera.com.

What are the ingredients in STRATTERA?

Active ingredient: atomoxetine

Inactive ingredients: pregelatinized starch, dimethicone, gelatin, sodium lauryl sulfate, FD&C Blue No. 2, synthetic yellow iron oxide, titanium dioxide, and edible black ink.

Store STRATTERA at room temperature.

This patient information summary has been approved by the US Food and Drug Administration.

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Glow, Skin, Glow

Have you ever wondered how to make your [illegible] more luminous? We certainly have, and it turns out that a bit of makeup magic is involved. New York City makeup artist Lucky turned us on to his favorite bring-back-that-glow product: Wet 'n' Wild Face Megaglo Illuminator in Blushing ($2.99). This slightly gooey cream stays put for hours and melds with all skin tones. Better yet, the price is very right. You'll love it.





Beauty Director Patricia Reynoso

PATRICIA'S PICK

Heal Your Hair

I've been told that I'm obsessed with my hair and while I wish I could disagree, the truth is that my hair matters to me . . . a lot. Because I refuse to accept what I was born with—frizzy, medium-brown curls—I've become quite intimate with the blow-dryer, flat iron, highlights, and most recently, permanent straightening. If I'm not careful, though, these extreme hair habits may damage my locks significantly. That's what led me to try Neutrogena's Cream Lather Shampoo and Daily Deep Conditioner ($5.99 each) from its Triple Moisture Hair Care collection. Most conditioning products leave my hair fairly healthy looking, but this formula, which moisturizes all three layers of the hair strand (the inner cortex, outer cortex and cuticle), transformed my hair into a glossy, swingy, smooth mane that made me giddy all day long.





CATCH THE WAVES

Love the sexy, carefree look of wavy hair but haven't found a way to get it on your own? Look no further! Here, the secret to getting modern waves in a snap.

Here's how it works:

1) Scrunch mousse, such as Suave Professional Volumizing Foam Mousse, $2.49, into damp hair and blow-dry it lightly.

2) Divide your hair into sections and mist each with hair spray, we like Thermasilk Flexible Hold Hairspray, $3.99.

Next, wrap each section around a large curling iron and hold the iron parallel to your head for five seconds. Unravel the hair and go on to the next piece.

3) After your hair has cooled, mist it with spray. Unravel the pieces a bit—the more tousled, the better



Latched on to the no-sugar, no-fat trend? All the more reason to sink your teeth into the luscious, chocolate-based hair, body and makeup trend. Not only do these goodies satisfy your senses, but chocolate itself is full of skin-protecting antioxidants. Here, the best of this yummy bunch—just don't try to eat any of it!

(1) Nourish your locks with Serendipity 3 Chocolatress Shampoo and Conditioner ($12), from New York City's dessert palace. (2) Lather up with Lotta Luv's Junior Mints soaps ($5). (3) Treat your skin to Ecco Bella's Organic Dark Chocolate Mask ($22.95)—it has the consistency of icing. (4) Exfoliate with sugar cane–laced Dessert Beauty Kissable Sugar Scrub in Dreamy ($42). (5) Try Pookie Color-Balm in Chocolate ($9) to coat lips with a cocoa tint. (6) Add sheen to legs and décolletage with Sephora Body Gloss ($20).

Hot New Nail Colors

You won't have to settle for a boring old pastel manicure this fall, as the most exciting polish colors—from pearly beige to marbled plum and every shade in between—boast metallic undertones and look best on short, well-groomed nails. "Metallic shades complement fall's luxurious clothing textures," says celebrity manicurist Deborah Lippmann, who takes care of Sarah Jessica Parker's hands. "It's a classic yet trendy look." Shown here from top: Revlon Nail Enamel Bare Essentials in Naked Lace ($4.79), Cover Girl Continuous Color Nail Polish in Be My Honey ($2.99), OPI Nail Lacquer in Paint Your Toron-Toes-Rose ($7.50) and Orly in Opal Hope ($7).



BEAUTY BREAKTHROUGH

A Clean Sweep for Makeup Brushes

Makeup brushes are both a necessity and an indulgence, but the regular cleaning that experts recommend to banish bacteria can be a tedious chore (lather with baby shampoo, carefully rinse, allow to dry until your next birthday). So, of course, we jumped for joy when we discovered a much speedier solution: Sephora Makeup Brush Cleansing Wipes ($9 for 20 wipes), which gently eliminate any residue and oil. Just sweep a brush back and forth across a towelette, wait three minutes and presto—immaculate brushes!

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Tuberose (left) is one of the most costly perfume ingredients in the world; Passionflower (center) has a sweet scent that many find relaxing; Jasmine (right), considered an aphrodisiac, blooms—and is picked—at night

But oh, how florals' reputations are changing. Today's flower-based fragrances are newly hip, available in a range of scents designed for women who never thought they'd consider them, thanks to their lush, autumn base notes, such as amber and vanilla. "Florals are everywhere—in scents including gardenia, tuberose and jasmine—and they're warm, even musky," says perfumer Caroline Sabas of fragrance house Givaudan.

[illegible]

To wit: Ralph Lauren's Lauren Style warms its orange flower, tuberose and gardenia with what the company calls a "sueded" note combining woods, vanilla and musk, resulting in a cozy, feminine aura. Calvin Klein's Eternity Moment contains vibrant florals such as pomegranate and passionflower, but it feels sophisticated, thanks to raspberry cashmere (a light, lush note) and rosewood. Similarly, Marc Jacobs's Blush, a new take on the notoriously strong jasmine, is rendered subtle due to sandalwood and base notes of a fresh version of musk, called pink musk.

[illegible]

Other scents are more traditionally floral, but with a new bite. Both Oscar de la Renta's Rosamor, with Italian mandarin and rosea lily of the valley, and Emanuel Ungaro Apparition, with raspberry liqueur and passionflower, are playful fragrances, but neither overpowers. Science has even played a role in giving florals new life, such as with International Flavors & Fragrances' Biorhythm of Living Flower technology used in The Healing Garden's In Bloom, a fresh, delicate scent. Since flowers smell differently at certain times of the day—jasmine's scent is usually strongest at night, for example, when moonlight causes its petals to open the widest—The Healing Garden utilized this science to capture floral essences at various hours. After surveying 100 women to find which variations of jasmine and orchid they determined the most vibrant, The Healing Garden infused these superstar essences into their perfume.

How sweet it is.

—Nadine Haobsh

LHJ.com **What's your signature fragrance? Take our quiz: www.lhj.com/fragrance**

The Best Scent for You

It happens to everyone. You love a fragrance you smell on your friend and immediately buy it, only to find it's bland on you. What gives? According to perfumer Sarah Horowitz-Thran, each person's skin is chemically different—some skin is more acidic, some has less natural oils—so perfume won't react exactly the same on everybody. In general, those with oilier skin can expect their fragrances to be more intense, since oils help bind the scent and make it last longer. Eating lots of spicy food can be a factor, believe it or not, as your skin will give off a slightly different aroma if you delight in jalapeño and onion dip. That's why fragrance is, literally, personal; make sure to test it on your skin—not a piece of paper and not your sister's wrist—to be sure you love what you're buying.

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Play up your two best features with fall's new makeup colors and textures

EYE AND LIP MAGIC

PHOTOGRAPHS BY FERNANDO MILANI PRODUCED BY CARLA ENGLER TEXT BY PATRICIA REYNO



THE LOOK: Fresh Cream

Cream lipsticks are a makeup-bag staple, and this fall they're better than ever, with many formulas now infused with soothing moisturizers. When done up in a deep berry color, this lip will be [illegible]st accessory this season.

How to get it: Apply color directly from the tube to get an intense look; dab it on with a brush, and you'll end up with a more subdued shade. Also, with a lip this powerful, a pale eye is your best bet.

Great to try: Avon My Lip Miracle in Remarkaberry, $8

THE LOOK: One-Step Shine

Not quite a lipstick and not quite a gloss, there's a new hybrid lip formula in town. With just one swipe, your lips will look both glossy and covered with color. Think of it as this year's take on sexy, pouty lips.

How to get it: Look for lip formulas that tout shine in their name. This look is especially pretty in lighter shades, which mimic your lip's natural tone.

Great to try: Chanel AquaLumiere Sheer Colour Lipshine in Copacabana, $23

THE LOOK: Barely There

[illegible] when just a touch of [illegible], reach for a tinted lip [illegible]t the softness of a balm [illegible] splash of color.

How to get it: There are almost as many tinted lip balms as there are "regular" versions. Since this is a sheer treatment formula, the color won't deepen after adding several coats. You can give it staying power, though, by first outlining your lips in a neutral-toned lip pencil.

Great to try: Aveda Lip Tint in Peony, $11



ALL YOU NEED FOR LIPS

If your day doesn't officially start until you've swiped on that perfect lip color then this is your season. Get ready to choose from a multitude of formulas, including creamy, hydrating and age-repairing creams; metallic and shiny finishes that look trendy yet sophisticated; and more balm and gloss choices than you ever thought possible. Dive in!

1 Apt. 5 Day 2 Nite lip color shade #DN-02, $7.50, gives you three options: deep color, clear gloss or a combination of both all in one tube. **2** Bloom Lip Tint in Veil, $15, fits into the teeniest makeup bag and feels as comfy to wear as your favorite lip balm. **3** YSL Rouge Personnel Multi-Finish Lipstick No. 25 Ruby Red, $27, is that perfect, glamorous shade of red. **4** Clinique Color Surge Lip Lacquer Demi-Matte Metallics in Rockstar, $15.50, dries to a powdery finish and delivers just a fleck of metal spark. **5** Mary Kay Lip Gloss in Tiger Lily, $12, is a universally flattering, of-the-moment coral color. **6** DuWop Neutral Lip Pencil in Neutron, $17, matches any lip color and glides effortlessly over the lips. **7** Prestige lipstick in Beet, $3.95, can be layered under gloss or worn alone for even greater impact. **8** Kanebo Lasting Lip Colour in Ginger Red, $30, not only lasts for hours but boasts antiaging ingredients for a moist and soothing effect. **9** Maybelline New York Forever Metallics Metal-Shine Lipcolor Pencil in Shell Shimmer, $6.75, is a chubby lip pencil that you can use as a liner or for allover lipcolor.

STILL LIFES BY JAMES WORRELL



THE LOOK: Metal Magic

The gleam of metallic makeup is everywhere this season, and its effects are especially potent in a gloss. The shimmery flecks of the metallic pigment, plus the shine of the gloss, will make your lips appear fuller and plumper.

How to get it: Trust us—you won't be able to miss the myriad metallic glosses out this season, which are suitable for both day and night. For a more toned down shine, reach for a metallic-cream lipstick. Try Benefit Lip Cream in If Only [illegible]

THE LOOK: Red Hot

Few colors deliver a jolt of glamour like red does. The flip side? It's notoriously tricky to wear, often scaring women away with its intensity. The modern way to wear it is as a stain—that way, there's no need to fuss with intricate lining.

How to get it: This is one look that not only looks easy, it *is* easy. Either use a lip stain formula or simply take your favorite classic red, press it on to the lips, blot with a tissue and you're done.

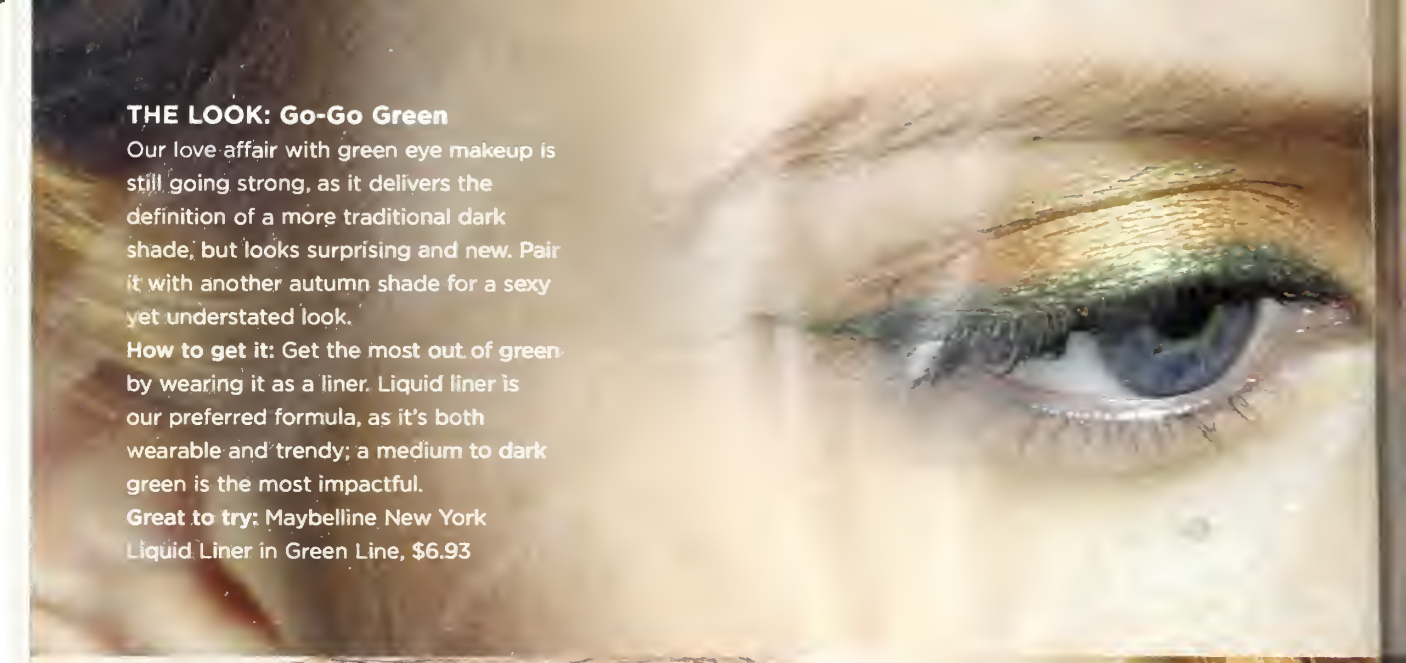
Great to try: L'Oréal Endless Kissable [illegible] Ruby Ruby, $9.75

THE LOOK: Clamor for Coral

Bold and unabashedly brilliant, the pairing of coral and gloss equals pure Hollywood glamour. Plus, since it's more pigmented than nude, yet not as sticky-sweet as pink, coral is quickly becoming *the* new neutral.

How to get it: You can either top your coral lipstick with a clear gloss (as we [illegible]) or choose a gloss with full-color coverage.

Great to try: Cover Girl Outlast Smoothwear Lipcolor in Coral Satin, $7.99



THE LOOK: Go-Go Green

Our love affair with green eye makeup is still going strong, as it delivers the definition of a more traditional dark shade, but looks surprising and new. Pair it with another autumn shade for a sexy yet understated look.

How to get it: Get the most out of green by wearing it as a liner. Liquid liner is our preferred formula, as it's both wearable and trendy; a medium to dark green is the most impactful.

Great to try: Maybelline New York Liquid Liner in Green Line, $6.93

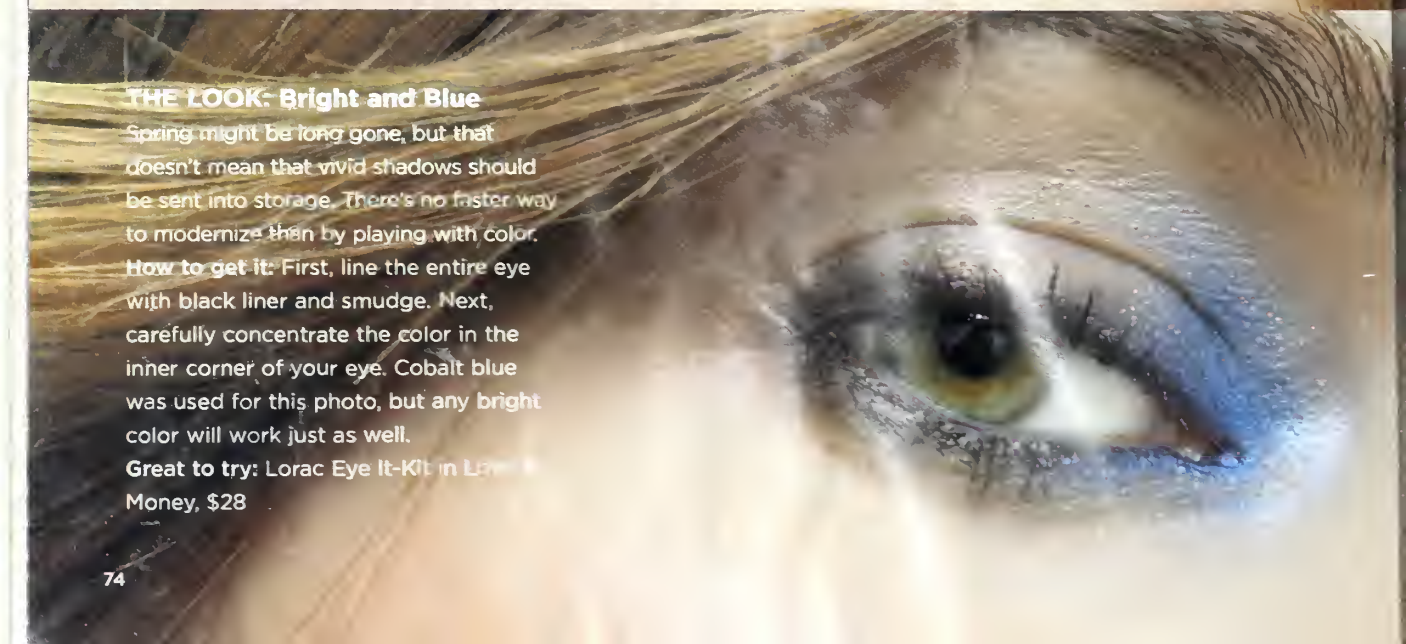


THE LOOK: Liner Perfection

Black, winged eyeliner is so beautiful, powerful that it can carry your whole face with nothing else but a fringe of sexy lashes.

How to get it: Only a liquid liner will give you this "oooh!" result. First, dust an off-white shadow over the lid; anything stronger will compete with the liner. Next, carefully line from inner lash line to the edge of the lid, extending it a bit past where you'd normally stop.

Great to try: Bed Head Make-Up Marker Liquid Liner in Black, $14



THE LOOK: Bright and Blue

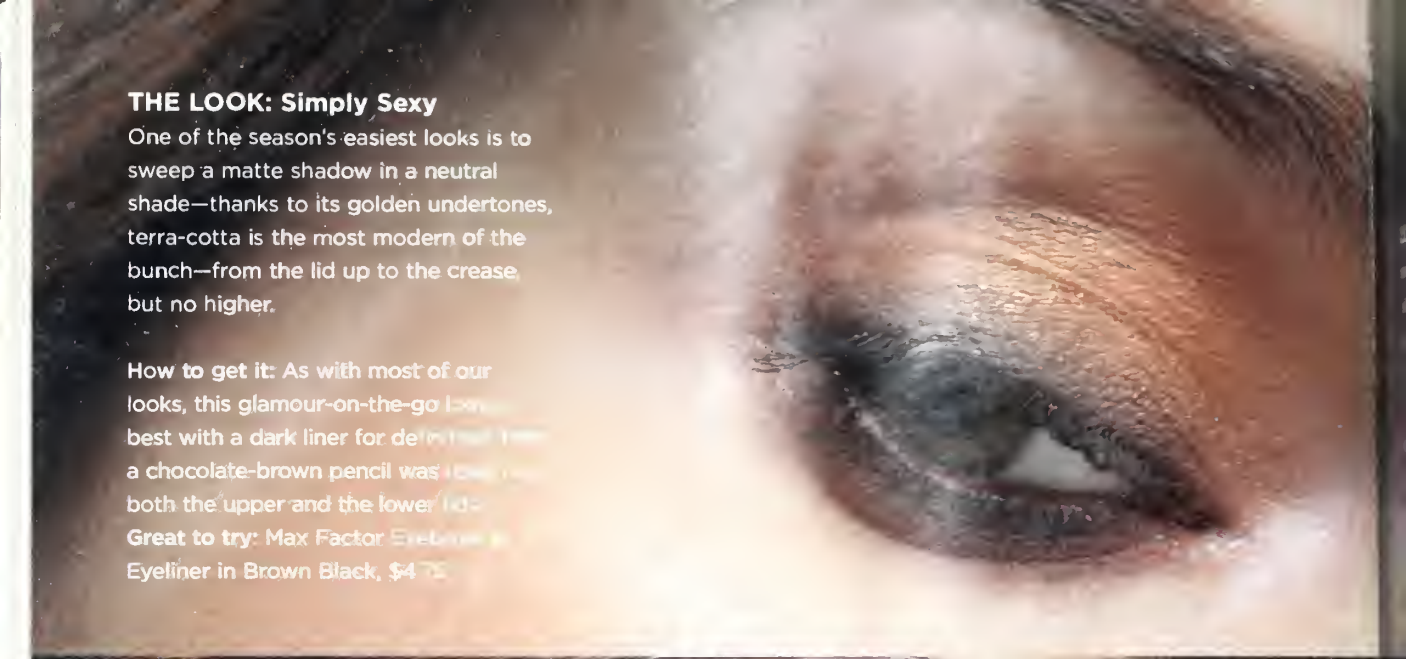
Spring might be long gone, but that doesn't mean that vivid shadows should be sent into storage. There's no faster way to modernize than by playing with color.

How to get it: First, line the entire eye with black liner and smudge. Next, carefully concentrate the color in the inner corner of your eye. Cobalt blue was used for this photo, but any bright color will work just as well.

Great to try: Lorac Eye It-Kit in Love Money, $28

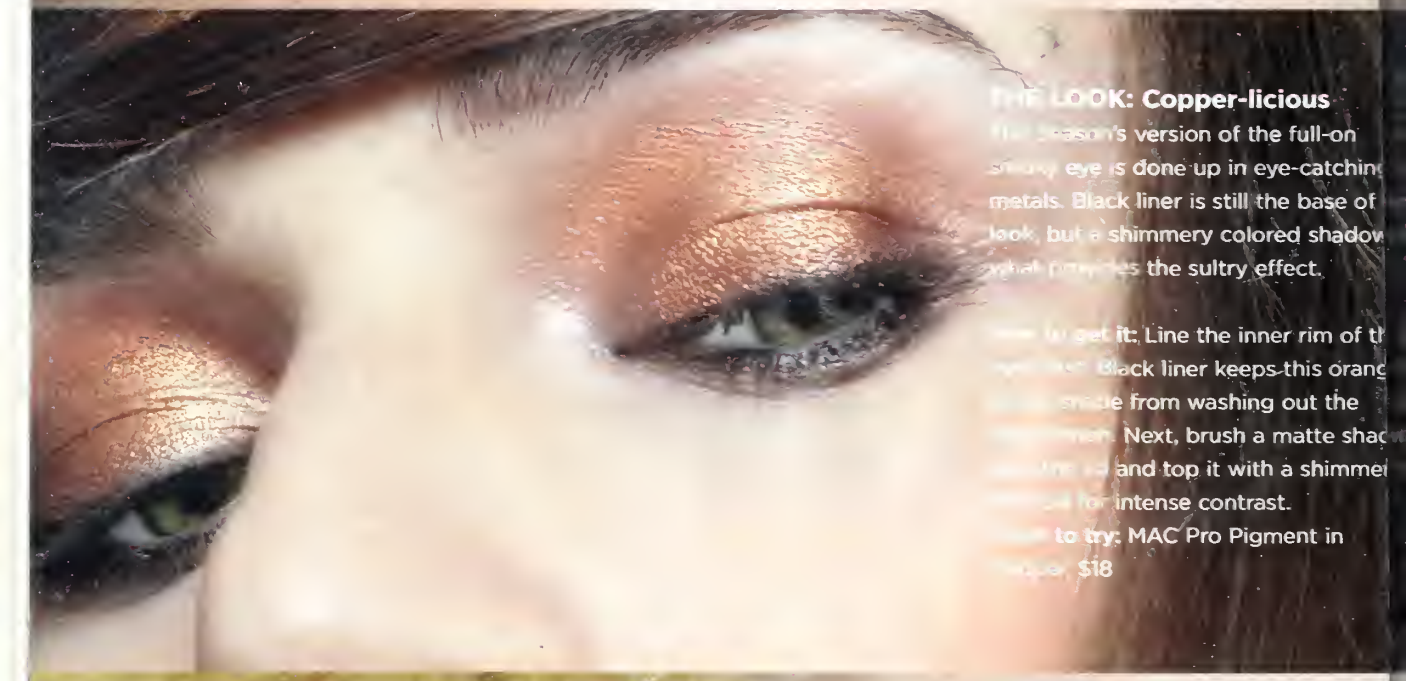


Make a modern beauty statement by combining shimmery copper shadow with a dash of black liner. Top with a flush of blush and shiny coral gloss, and you're ready to go



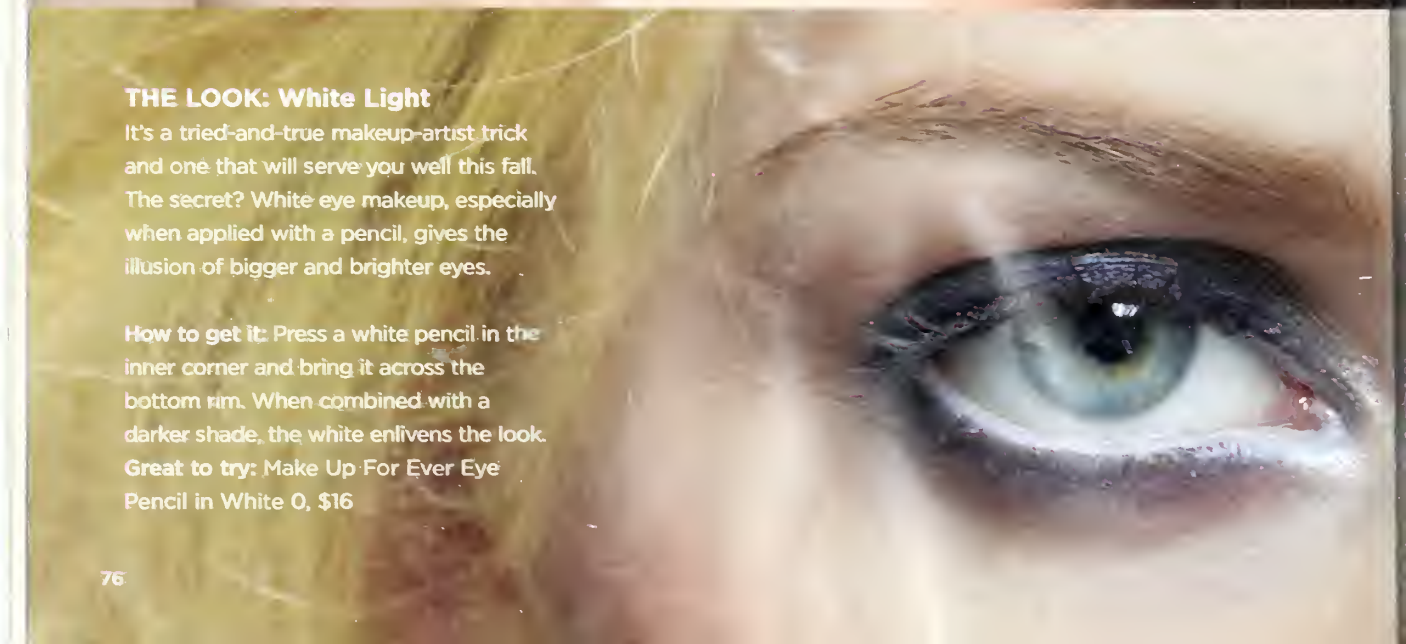
THE LOOK: Simply Sexy
One of the season's easiest looks is to sweep a matte shadow in a neutral shade—thanks to its golden undertones, terra-cotta is the most modern of the bunch—from the lid up to the crease, but no higher.

How to get it: As with most of our looks, this glamour-on-the-go look [illegible] best with a dark liner for definition. [illegible] a chocolate-brown pencil was [illegible] both the upper and the lower lid.
Great to try: Max Factor [illegible] Eyeliner in Brown Black, $4.75



THE LOOK: Copper-licious
[illegible] season's version of the full-on smoky eye is done up in eye-catching metals. Black liner is still the base of the look, but a shimmery colored shadow [illegible] provides the sultry effect.

[illegible] to get it: Line the inner rim of th[illegible] Black liner keeps this orang[illegible] shade from washing out the [illegible]. Next, brush a matte shad[illegible] and top it with a shimmer [illegible] for intense contrast.
[illegible] to try: MAC Pro Pigment in [illegible], $18



THE LOOK: White Light
It's a tried-and-true makeup-artist trick and one that will serve you well this fall. The secret? White eye makeup, especially when applied with a pencil, gives the illusion of bigger and brighter eyes.

How to get it: Press a white pencil in the inner corner and bring it across the bottom rim. When combined with a darker shade, the white enlivens the look.
Great to try: Make Up For Ever Eye Pencil in White 0, $16

LL YOU NEED FOR EYES

our eyes will be your most exotic cial feature this season and you won't ck for choices to make them stand ut. Go on now . . . play!

Hourglass Trace Eye Liner in Mystic, 28, delivers a multitude of looks, from estrained to attention getting. **2** Guerlain Divinora Radiant Colour ingle Eyeshadow in Day Fever, $24, is heer, yet packs a hearty punch of himmer. **3** Pixi Triple Eye Colour in Adriana, $28, can be used both to line he eyes (just use a thin brush for precise application) as well as to highlight. **4** Maybelline New York XXL Volume + Length Microfiber Mascara, $7.95, will transform your lashes into weapons of seduction. **5** Estée Lauder Pure Color EyeLiner in Khaki, $20, supplies that perfect line, in one of fall's most enticing shades. **6** Clarins Colour Quartet For Eyes in Nude Shimmers 02, $36, covers your shadow basics in one slim compact. **7** Il-Makiage White Eye Pencil in Kohl-kajal texture, $13, is the new makeup must-have. **8** Prescriptives Eye Liner Duo in Buzz, $20, gives you black liner on one end and a golden shimmery color on the other. **9** Shiseido The Makeup Accentuating Color in Fire Opal, $20, is a fun fall treat.



LHJ.com For more eye and lip looks, visit www.lhj.com/eyeslips

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Your Best Foot Forward

This fall, choose from new chic flats, perfect pumps and sexy slingbacks, all detailed in rich textures and color



From Fabulous Flats . . .

1 These rounded-square-toe flats add kick to any outfit Banana Republic, $108 **2** Tweed graces accessories, too. These sophisticated salt-and-pepper flats are a perfect example. Nine West, $69 **3** These plum, patent-leather, croc-textured pumps instantly liven up a neutral outfit Carlos by Carlos Santana, $79 **4** Gray is the new neutral, and these suede pumps with menswear inspired tassels are perfect with a circle skirt or wide-leg trousers. Nine West, $75 **5** Faux-croc pumps in an unexpected yellow add character to jeans or a traditional fall suit. Banana Republic, $128 **6** Give a black suit a stylish spin with this fun pair of plaid slingbacks. Nine West, $75 **7** Leather pumps get a punch of color in teal, an unusual end-of-summer hue. Etienne Aigner, $59 **8** Faux skin is so in this season—just look at these plummy-rose croc slingbacks. Kenneth Cole, $150 **9** The earth-toned plaid lining makes these loden flats as polished as they are comfortable. Delman, $245 **10** Whether worn with jeans on the weekend or trousers for work, the suede texture of these flats lends a richness to any outfit. Etienne Aigner, $65



. . . To Trendy Heels

1 Brown Donegal tweed mid-heel pumps look smart with the new round toe. Ann Taylor Loft, $69 **2** Traditional pumps look very classy thanks to contrast topstitching. Etienne Aigner, $69 **3** You can afford to go trendy with these sweet, chocolate-brown pumps. Isaac Mizrahi for Target, $26.99 **4** Mixing fabrics and skins is big news. Here, a stacked heel Mary Jane in wool herringbone gets a dusty pink, faux-croc cap toe. Ann Taylor, $128 **5** These sexy D'orsay pumps with a lace-up heel recall the allure of vintage style. Ann Taylor, $118 **6** This lime-green tweed shoe with a mini-kitten heel offers a little lift when you don't want to go completely flat. Enzo Angiolini, $79 **7** Flats look just as chic as a pair of heels, especially in suede bordeaux. Lands' End, $78 **8** This comfortable, suede loafer-pump will take you from work to weekend. Via Spiga, $189 **9** This large-scale brown-and-white houndstooth shoe accents any solid color perfectly. Nina, $69 **10** The spectator pump returns in this suede version, with perforated leather trim. Ann Taylor, $128 **11** Penny loafers go chic in the new, dressier pump. Nine West, $69

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Three Cheers fo

THIS FALL, KIDS' STYLES GET TOP MARKS FOR INSIDE THE CLASSROOM AND OUTSIDE, TOO

PHOTOGRAPHS BY ROSS WHITAKER
PRODUCED BY CARLA ENGLER

Left to right: This biker jacket and cargos get a A-plus for hip style. A camouflage fleece pull-o and sporty orange pants say "ready for recess" A classic, cabled, hoodie sweater gets high m when combined with striped tights and polka-d rain boots. A corduroy jacket, pleated skirt a punchy orange tee look fun and grown-up. Th



Back-to-School Cool

rettily detailed, green tweed jacket, fall floral
irt and denim circle skirt win her extra style
oints. A dark denim shirtdress and a lemon-
ellow anorak paired with kick-around boots and
triped tights (for personality) spell style and
omfort. Boys will love the double-shirt effect of
his long-sleeve screen-printed tee, and camos
are becoming the hip uniform in schoolyards
everywhere. He'll go to the head of the class in
this hooded varsity sweater and black jeans.
Try a short-sleeved logo tee with attached sleeves
for cooler casual days. Let her play with pattern in
this faux-sherpa jacket, crochet sweater and
ruffled skirt.

FOR SHOPPING DETAILS, SEE PAGE 199.





Left: It's a sure score with this bright yellow anorak, a funky logo tee and off-white cords. Right: He'll make all the right moves in this apple-red, puffy vest over a brightly striped, classic blue oxford shirt and jeans.

Left: This is one equation it's okay to mix up. Combine an adorable plaid, pleated skirt and rain boots with sweet argyle tights and a tweed cap. Middle: Faux fur is the word of the week, and nothing is more stylish than a floral-print shearling jacket and pink sherpa boots to ward off the fall chill. Right: Sporty goes girly when you pair an athletic vest with pink-pinstriped navy pants and cool suede boots.

Left: Join the mod squad in this black-and-white jumper, patent-leather jacket and Day-Glo yellow turtleneck. Right: A plaid jumper looks fresh when paired with this zip sweater jacket that boasts a built-in leather vest.

Left: He'll hang tough in a racing-striped rugby sweater with primary colors for pop. Right: Layer his striped and plaid shirts and add a pair of khakis and a [illegible] tie for prep school-cool.

back-to-school fashion



Left: Ponchos rule for girls this fall, and this finely knit striped one is the perfect topper for a moss-green turtleneck and stone khaki pants. Right: The pattern of this boldly striped poncho is a perfect contrast to punchy argyle tights.

A classic rugby shirt gets a splash of dash with a navy blazer. Keep it casual with a pair of loo-fitting carpenter jeans and colorful sneakers.

Root for the home team in this all-American, cotton twill zip-up jacket and cheerleader skirt.



Left: Florals are a classic, girly statement. Choose an allover motif as on this shirt, and mix with a small embroidered spattering, as on this corduroy skirt. Middle: Camouflage cargos are classroom cool, especially in a denim-blue hue. Pair with a matching classic polo and retro sneakers. Right: This snappy running jacket turns prepster chic with help from a bright argyle vest and a pleated denim skirt.

LHJ.com Visit www.lhj.com/backtoschool for more back-to-school tips

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The taste you trust



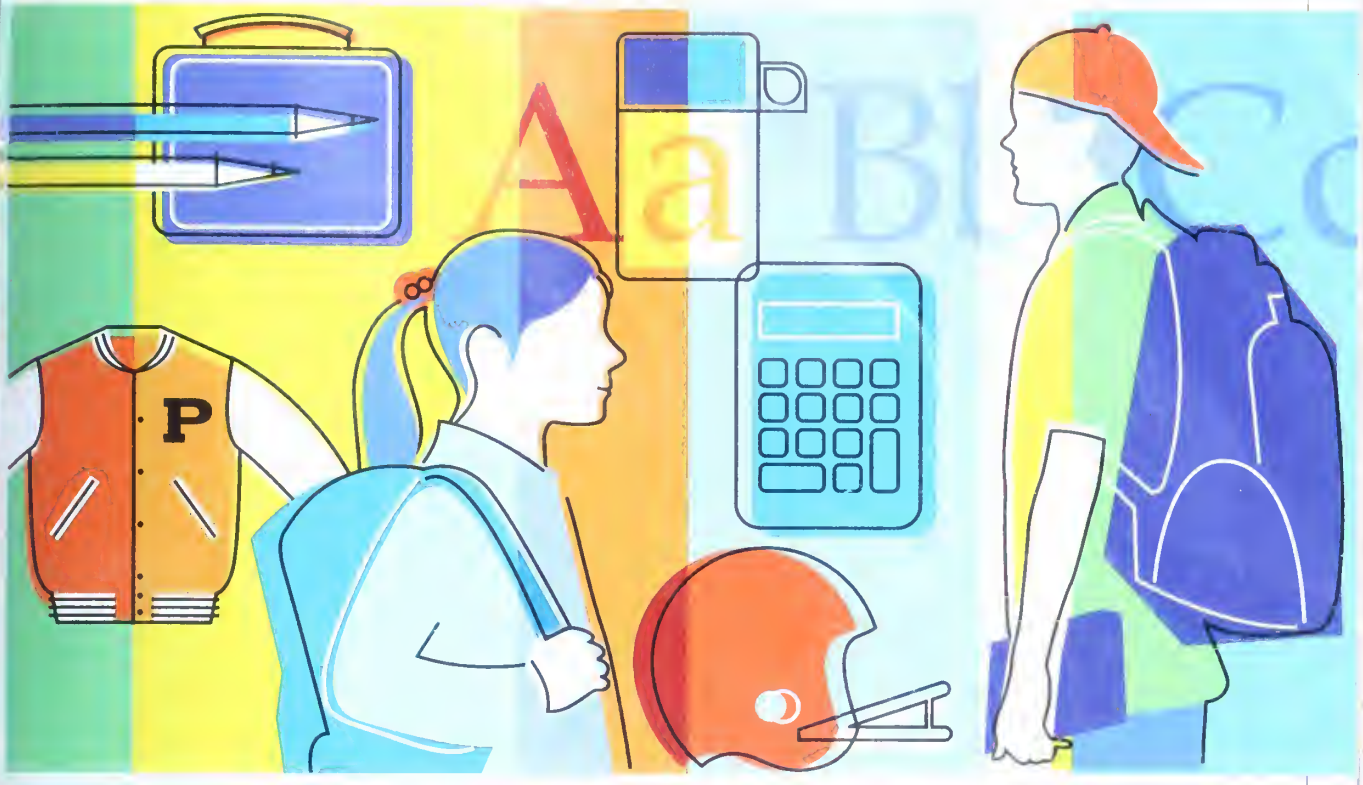
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Joe Montana
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back to school

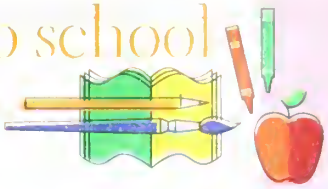


Go to the Head of the Class

It's official: Summer break is nearing its end. The time has come to gather school supplies and get organized. This special section will help smooth the transition for you *and* your kids—and make this school year the very best ever!

Includes:

- HOW TO PACK A HEALTHIER LUNCH BOX Easy brown-bag fare
- COOL TOOLS FOR SCHOOL High-tech gear for plugged-in kids
- SCHOOL SPORTS SAFETY TIPS Ways to protect young athletes
- THE PICK OF THE PACKS Today's backpacks have new features and style
- SENDING MY DAUGHTER OFF TO COLLEGE A bittersweet good-bye



How to Pack a Healthier Lunch Box

Tasty, easy, surprising suggestions for kid lunches that steer clear of fat traps



I confess, I'm a pushover when it comes to forking over money for Friday pizza lunches at my children's school—packing brown bags can be a huge time drain. But even as the National School Lunch Program, a federally assisted meal program, strives to improve the nutrition of school menus, the average elementary-school lunch contains roughly 33 percent calories from fat. This high-fat fare can increase a child's risk for becoming overweight, a problem three times as many children ages 6 to 11 face than 30 years ago. "Packing a healthy lunch for your child is a definite start toward combating obesity," says Pat Vasconcellos, a Boston-area spokesperson for the American Dietetic Association.

Where to start? Every child needs 16 grams of protein (two slices deli meat with one serving string cheese or half a can of tuna); two servings of a fruit or vegetable (one small piece of fruit and a palm-size serving of carrots or celery); two grain servings (two slices of grainy bread, or one whole-wheat pita), and a small amount of fat from meat, nuts or dairy. "This mix keeps kids well fueled until they get home," says Marilyn Tanner, pediatric study coordinator at Washington University School of Medicine, in St. Louis. "Starch gives them quick energy, protein keeps their blood sugar sustained so they don't get an afternoon lull, and the fat will keep them feeling satiated."

Follow this game plan for healthy lunches your kids will love.

MIX IT UP: Kids tire of sandwiches, so give them plenty of variety. Mix strawberries and blueberries into low-fat vanilla yogurt with a serving of whole-grain crackers on the side; spread peanut butter and banana on a low-fat wheat tortilla and roll it up; or make trail mix with a cup of Cheerios, a cup of dried fruit, such as raisins or cranberries and a handful of nuts. Add a piece of string cheese on the side, and you've got a complete lunch.

KEEP IT SAFE: Keep foods fro spoiling by freezing a water bott and popping it in with the lunch suggests Tanner. "By the time you child is ready to eat, the ice will b almost melted, and the lunch wi still be cold."

MAKE IT FUN: For young ones, us cookie cutters to create fun shape out of a sandwich. Or spread veggi cream cheese and turkey on a low-fa tortilla, then cut it into sushi-roll-siz bites. Remember that fun doesn' have to come in the form of food Try slipping in a few stickers or a lit tle "I love you" note and the same old cheese sandwich becomes much more palatable.

LHJ.com Try our virtual lunch-box tool for healthy meal ideas: www.lhj.com/lunchbox

BY DEBORAH KOTZ

FINALLY
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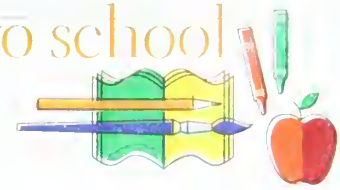


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Brownberry® Carb Counting 100% Whole Wheat Bread	60	9g
Wonder® Big White Bread	60	11.5g
Homepride® Butter Top™ Wheat Bread	80	14g

*Calories and Total Carbs amounts listed on the Nutrition Facts panels.

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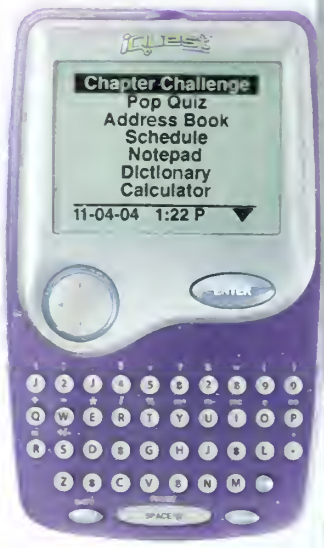


Cool Tools for School

The latest high-tech gadgets make learning fun *and* help kids stay in touch



Want to give your kids an electronic edge when it comes to doing their homework or juggling their many after-school commitments? Or maybe you're looking for a way for them to stay in touch—or for you to find out where they are when they "forget" to phone home? Many of today's tech tools satisfy both a teen's sense of cool and a parent's desire to help her kids stay safe and productive. Here, our picks:



ORGANIZE IT ALL

The palmOne Zire 31 ($149) is a PDA ideal for busy students. It has a color screen, and it serves as a date book, calculator, address book and more—and it even has an MP3 player.

HIGH-TECH TUTOR

LeapFrog's iQuest ($50) is a portable study tool: Pop in a cartridge, and your child can quiz himself from the textbooks he uses at school.

PICTURE PERFECT

With its tiny built-in camera, your kids can use the Sprint PM-8200 flip phone by Sanyo ($280) to snap a pic of, say, cheerleading practice, and e-mail it with an attached voice or text message.



LOST & FOUND

The Motorola i730 flip phone ($300) makes fudging his whereabouts a thing of the past. Sign up for the uLocate service (available through Nextel and Southern LINC networks) and the phone can pinpoint a child's location using GPS technology.



MUSIC TO THEIR EARS

Ask any teen: The iPod mini ($249) is the song player of the moment, beloved for its cool colors and sleek proportions. Yes, it's a school tool, since research shows music stimulates brain function.



BY REBECCA DAY

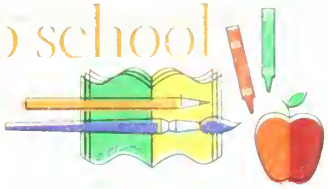


They're full of energy, naturally.





Follow the sun.



School-Sports Safety

Injuries are on the rise. Here, what parents must know to protect their young athletes



Kelly Charles, a Dallas mother of three girls, never thought that her eldest daughter, Alexandra, now 17, could be seriously injured as a cheerleader. But then all those handsprings and all that tumbling started taking their toll. First Alexandra dislocated her right shoulder. When she returned to the squad, she dislocated it again. And again. And again. Eventually she required surgery, which permanently ended her cheerleading career. Today she's off to college with an eight-inch scar and three pins in her shoulder.

Welcome to the world of school-sports injuries, which are on the rise thanks to the growing numbers of girls and boys who participate. At last count, 38 million kids age 18 and younger participated in sports, many of which are school sponsored. And every year, 2.6 million youngsters 5 to 24 suffer a sports injury serious enough to miss school, practice or games, according to the National Center for Health Statistics. One reason may be that more kids are playing one sport, such as soccer or basketball, all year long. "Playing the same sport year-round means your teen is likely to be overusing the same set of muscles and joints, and so is at higher risk for the injuries specific to that sport," says Kevin R. Stone, M.D., an orthopedic surgeon at the Stone Clinic, in San Francisco.

PROTECT YOUR CHILD

Being prepared—and then playing it safe—is the key to a healthy sports season. Follow these tips to keep your child off the bench:

• Book an appointment with your family physician before the season begins. The doctor should examine your teenager's bones and joints, check her heart rate and pulse and test her reflexes to pick up on any problems that may put her at risk of injury and ensure that she's physically fit enough for the sport she intends to play, says Keith Gorse, a clinical coordinator and instructor in the undergraduate athletic-training program at Duquesne University, in Pittsburgh. For example, if your daughter wants to try out for the gymnastics team, the doctor should check the range of motion, flexibility and strength of her ankles and lower back. If your son is going out for track, your doctor should check his hamstring flexibility by having him do straight leg raises. Also ask the doctor to recommend a preseason stretching program.

• Make sure your son or daughter always wears proper protective gear, such as a helmet and shoulder pads for football and shin guards for soccer. Mouth guards should be worn for any type of contact or collision sport, says David Marshall, M.D., medical director of the Sports Medicine Program at Children's Healthcare of Atlanta. Eye protection is also important in sports such as lacrosse.

• Don't let your teen play if he's in pain. While doing so might seem "heroic," it can make the injury worse and harder to treat, says Dr. Marshall. Pain, swelling or limping is an indication that it's time for your teen to take a time-out and see the doctor.

• Be sure the coach knows first aid and CPR and always warms up the team before practice and has them cool down and stretch afterward.

LHJ.com **For more tips on teen sports safety, go to www.lhj.com/teeninjury**

BY LAMBETH HOCHWALD

WWW.LHJ.CO



"Benjamin Moore calls Regal® *Matte Finish* easy to *apply* and easy to *clean*. I call it easy to *love*."

kids are the best. The best at iddy handprints, markers and food, over the walls. Not a problem with njamin Moore® Regal® Matte Finish, available only at your local njamin Moore® retailer. This beautiful flat finish wipes clean with just little soap and water, and the color looks great even after repeated washings. It comes in every color you can dream of, so I can create any look I want for their rooms. Regal® Matte Finish has the quality and durability that Benjamin Moore® paint always delivers. It doesn't get easier than that.

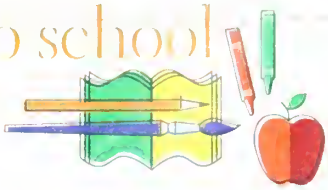


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The Pick of the Packs

Today's backpacks boast great new features and style

School is about to start, and here's your first assignment: finding the right backpack for your child. The newest bags cater to a student's every need, whether it's extra room (and ventilation!) for sports equipment or a padded compartment to hold an MP3 player. With all the options out there, the selection process can feel overwhelming. Here, we've made it easier with a few favorites that we think deserve an A.



FOR THE INDIVIDUALIST: To get an L.L. Bean new Custom Super Deluxe Book Pack ($59) kids go online to *www.llbean.com* and create a one-of-a-kind bag with all of their favorite features, including their preference in zipper pulls, fabric, reflective strips and handle grips.



FOR THE ON-THE-GO KID: JanSport's rugged Free Ride bag ($60) is perfect for navigating school hallways or hiking trails. Features include a deluxe organizer, an internal mesh water-bottle pocket and a crossover strap for comfortable weight distribution.



FOR THE TECHNOPHILE: Kids can kee their MP3 player and books dry with help from the Columbia Sportswear's Cloud 9 bag ($65). This pack features rain flaps to protect larger items in zippered compartments and a waterproof pocket for audio players.



FOR THE ALL-STAR: Finally, a bag with enough room to take your student from the library to the court! The BallZak from High Sierra Sport Company ($24.99) features a mesh pocket large enough to hold a basketball and zippered side pockets just the right size for sneakers.



FOR THE WEE ONE: Make your child the envy of the playground with the new Junior Original Book Pack from L.L. Bean ($19). Designed with smaller bodies in mind, this scaled-down version offers kids ages 4 and up plenty of room for school supplies.



FOR THE FASHIONISTA: Your child will look good—and feel good—carrying the new VA 1.8 Air Backpack by Nike ($40). The shoulder straps on this pack use the foam technology found in Nike Air sneakers to provide the same customized fit and comfort for kids' shoulders.

BY CAROLINE STANLEY

FOR PARENTS OF CHILDREN WITH ADHD



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your doctor if you have a history of high blood pressure or any heart conditions, glaucoma, thyroid problems, emotional instability, mental illness, wn allergy to this type of medication. ADDERALL XR may not be right for you. If you are currently or have recently taken a type of antidepressant MAO inhibitor, you should not take ADDERALL XR. There is a potential for worsening of motion or verbal tics and Tourette's syndrome f amphetamines may lead to dependence. Report any new psychological symptoms to your physician.

brief summary of prescribing information on adjacent page. For more information, consult your physician.

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BRIEF SUMMARY. Consult the full prescribing information for complete prod

ADDERALL XR® CAPSULES CII Rx Only

AMPHETAMINES HAVE A HIGH POTENTIAL FOR ABUSE. ADMINISTRATION OF AMPHETAMINE MAY PRODUCE DEPENDENCE. PROLONGED PERIODS OF TIME MAY LEAD TO DRUG DEPENDENCE. PARTICULAR ATTENTION SHOULD BE PAID TO THE POSSIBILITY OF SUBJECTS OBTAINING AMPHETAMINES FOR NONTHERAPEUTIC USE OR DISTRIBUTION TO OTHERS AND THE DRUGS SHOULD BE PRESCRIBED OR DISPENSED SPARINGLY.

INDICATIONS ADDERALL XR is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). The efficacy of ADDERALL XR in the treatment of ADHD was established in two controlled trials of children aged 6 to 12 who met DSM-IV criteria for ADHD, along with adequate known efficacy of ADDERALL, the immediate release formulation of this substance. **CONTRAINDICATIONS** Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, agitated states. Patients with a history of drug abuse. During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result). **WARNINGS Psychosis** suggests that, in psychotic patients, administration of amphetamine may exacerbate symptoms of behavior disturbance and thought disorder. **Long-Term Suppression of Growth.** Data are inadequate to determine whether chronic use of stimulants in children, including amphetamine, may be associated with suppression of growth. Therefore, growth should be monitored during treatment, and patients who are not growing or gaining weight as expected should have their treatment interrupted. **PRECAUTIONS General:** The least amount of amphetamine feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage. **Hypertension and other Cardiovascular Conditions:** Caution is to be exercised in prescribing amphetamines for patients with even mild hypertension (see CONTRAINDICATIONS). Blood pressure and pulse should be monitored at appropriate intervals in patients taking ADDERALL XR, especially patients with hypertension. **Tics:** Amphetamines have been reported to exacerbate motor and phonic tics and Tourette's syndrome. Therefore, clinical evaluation for tics and Tourette's syndrome in children and their families should precede use of stimulant medications. **Information for Patients.** Amphetamines may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or vehicles; the patient should therefore be cautioned accordingly. **Drug Interactions.** *Acidifying agents*—Gastrointestinal acidifying agents (guanethidine, reserpine, glutamic acid HCl, ascorbic acid, etc.) lower absorption of amphetamines. *Alkalinizing agents*—Gastrointestinal alkalinizing agents (sodium bicarbonate, etc.) increase absorption of amphetamines. Co-administration of ADDERALL XR and gastrointestinal alkalinizing agents such as antacids, should be avoided. Urinary alkalinizing agents (acetazolamide, some thiazides) decrease the concentration of the non-ionized species of the amphetamine molecule, thereby decreasing urinary excretion. Both groups of agents increase blood levels and therefore potentiate the actions of amphetamines. *Antidepressants, tricyclic*—Amphetamines may enhance the activity of tricyclic antidepressants or sympathomimetic agents; d-amphetamine with desipramine or protriptyline and possibly other tricyclics can cause striking and sustained increases in the concentration of d-amphetamine in the brain and prolonged effects can be potentiated. *MAO inhibitors*—MAOI antidepressants (as well as a metabolite of furazolidone) slow amphetamine metabolism. This slowing potentiates amphetamines, increasing their effect on the release of norepinephrine and other monoamines from adrenergic nerve endings; this can cause headaches and other signs of hypertensive crisis. A variety of fatal neurological effects and malignant hyperpyrexia have occurred, sometimes with fatal results. *Antihistamines*—Amphetamines may counteract the sedative effect of antihistamines. *Antihypertensives*—Amphetamines may antagonize the hypotensive effects of antihypertensives. *Chlorpromazine*—Chlorpromazine blocks dopamine and norepinephrine receptors, thus inhibiting the central stimulant effects of amphetamines, and can be used to treat amphetamine poisoning. *Ethosuximide*—Amphetamines may delay intestinal absorption of ethosuximide. *Haloperidol*—Haloperidol blocks dopamine receptors, thus inhibiting the central stimulant effects of amphetamines. *Lithium carbonate*—The anorectic and stimulatory effects of amphetamines may be inhibited by lithium carbonate. *Meperidine*—Amphetamines potentiate the analgesic effect of meperidine. Meperidine may increase excretion of amphetamines is increased, and efficacy is reduced by acidifying agents used in urinary acidifier therapy. *Norepinephrine*—Amphetamines enhance the adrenergic effect of norepinephrine. Phenobarbital—Amphetamines may delay intestinal absorption of phenobarbital; concomitant administration may produce a synergistic anticonvulsant action. *Phenytoin*—Amphetamines may delay intestinal absorption of phenytoin; co-administration of phenytoin may produce a synergistic anticonvulsant action. Propoxyphene—In cases of propoxyphene overdosage, amphetamine CNS stimulation is potentiated; fatal convulsions may occur. *Veratrum alkaloids*—Amphetamines inhibit the hypotensive effect of veratrum alkaloids. **Drug/Laboratory Test Interactions:** Amphetamines can cause a significant elevation of corticosteroid levels. This increase is greatest in the evening. Amphetamines may interfere with urinary steroid determinations. **Carcinogenesis/Mutagenesis and Impairment of Fertility.** No evidence of carcinogenesis was found in studies in which d,l-amphetamine (enantiomeric ratio 1:1) was administered to mice and rats in the diet for 2 years at doses of up to 30 mg/kg/day (approximately 19 mg/kg/day, on a mg/m² basis) and 5 mg/kg/day in male and female rats. These doses are approximately 2.4, 1.5 and 0.8 times, respectively, the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis. Amphetamine, in the enantiomeric ratio present in ADDERALL (immediate release), was not mutagenic in the Ames test *in vitro*, in the mouse bone marrow micronucleus test *in vivo* and was negative when tested in the S. cerevisiae assay of the Ames test *in vitro*. d,l-Amphetamine (1:1 enantiomeric ratio) has been reported to produce a positive response in the mouse bone marrow micronucleus test, equivocal responses in the Ames test and negative responses in the *in vitro* sister chromatid exchange and chromosome aberration assays. Amphetamine, in the enantiomeric ratio present in ADDERALL (immediate release), was not teratogenic, but impaired fertility or early embryonic development in the rat at doses of up to 20 mg/kg/day (approximately 5 times the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis). **Pregnancy.** Pregnancy Category C. Amphetamine, in the enantiomeric ratio present in ADDERALL (immediate release), at doses of 3 to 6 times the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis, was found to have no apparent effects on embryofetal morphological development or survival when administered to pregnant rats and rabbits throughout the period of organogenesis at doses of up to 6 and 15 mg/kg/day, respectively. These doses are approximately 1.5 and 8 times, respectively, the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis. Fetal weights were reduced and the incidence of skeletal variations was increased in mice following parenteral administration of d-amphetamine at doses of 50 mg/kg/day (approximately 4 times the maximum recommended human dose of 30 mg/day on a mg/m² basis) to pregnant animals. Administration of these doses was also associated with some maternal toxicity. Animal reproduction studies conducted in rodents indicate that prenatal or early postnatal exposure to amphetamine at doses similar to those used clinically can result in long-term neurochemical and behavioral changes. Behavioral changes in offspring include learning and memory deficits, altered sexual activity, and changes in levels of locomotor activity. There are no adequate and well-controlled studies in pregnant women. There has been one report suggesting that maternal dextroamphetamine sulfate use during the first trimester of pregnancy may be associated with fetal malformations, including a ventricular septal defect, deformity of the tricuspid valve, and deformity of the trachea-esophageal septum. Amphetamines should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nonteratogenic Effects.** Infants born to mothers addicted to amphetamines may be premature and/or have low birth weight. Also, these infants may experience symptoms of amphetamine withdrawal, including severe depression. Usage in Nursing Mothers: Amphetamines should be advised to refrain from nursing. Use in Children 6 Years of Age and Older. Use in Children Less Than 6 Years of Age. Safety and effectiveness in children 5 years of age have not been established. Long-term effects of amphetamine in children have not been adequately studied. Amphetamines are not recommended for use in children less than 3 years of age. **Geriatric Use.** ADDERALL XR has not been studied in the geriatric population. **ADVERSE EVENTS** The safety of ADDERALL XR was evaluated in a clinical development program for ADDERALL XR, which included exposure in 685 patients (670 healthy adult subjects). These participants received ADDERALL XR in single-dose and multiple-dose studies. The 685 patients (ages 6 to 12) were evaluated in two single-dose studies, a dose-proportionality study, a food-effect study, a dose-response study, a single-dose clinical pharmacology study, and a multiple-dose clinical pharmacology study. Adverse reactions were assessed by collection of adverse events, results of physical examinations, vital signs, weights, laboratory analyses, and ECGs. Adverse events during exposure were obtained primarily by general inquiry and recorded by clinical investigators using their own terminology. Consequently, it is not possible to provide a meaningful estimate of the incidence of adverse events without first grouping similar types of events into a smaller number of standardized categories. In the tables and listings that follow, COSTART terminology has been used to classify reported adverse events. The stated frequencies of adverse events represent the proportion of patients who experienced at least once a treatment-emergent adverse event of the type listed. A patient may report more than one event of any type, so that the figures cannot be added across categories. **Adverse events associated with discontinuation of treatment.** In two placebo-controlled studies (5 weeks duration), 2.4% (10/425) of ADDERALL XR treated patients discontinued due to adverse events (including 3 patients who reported appetite loss, one of whom also reported insomnia) compared to 0.7% (2/259) receiving placebo. The most frequent adverse events associated with discontinuation of ADDERALL XR in controlled studies were decreased appetite and insomnia. In one uncontrolled multiple-dose clinical trials (N=595), adverse events associated with discontinuation are listed below. Over half of these patients were exposed to ADDERALL XR for 12 months or more.

Adverse Event	% of Patients Discontinuing
Anorexia, loss of appetite	2.9
Insomnia	1.5
Weight loss	1.2
Emotional lability	1.0
Depression	0.7

Adverse events occurring in a controlled trial. Adverse events reported in a 3-week clinical trial of patients treated with ADDERALL XR or placebo are presented in the table below. The prescriber should note that these figures cannot be used to predict the incidence of adverse events in the course of usual medical practice where patient characteristics and other factors differ from those which prevailed in the clinical trials. Similarly, the cited frequencies cannot be compared with figures obtained from other clinical investigations involving different treatments, uses and investigators. The cited figures, however, do provide the prescribing physician with some basis for estimating the relative contribution of drug and non-drug factors to the adverse event incidence rate in the population studied.

Table 1 Adverse Events Reported by More Than 1% of Patients Receiving ADDERALL XR with Greater Incidence Than on Placebo in a 584 Patient Clinical Study

Body System	Preferred Term	ADDERALL XR® (N=374)	Placebo (N=6
General	Abdominal Pain/stomachache	14%	10%
	Accidental Injury	3%	2%
	Asthenia (fatigue)	2%	0%
	Fever	5%	2%
	Infection	4%	2%
	Viral infection	2%	0%
Digestive System	Loss of Appetite	22%	2%
	Diarrhea	2%	1%
	Dyspepsia	2%	1%
	Nausea	5%	3%
	Vomiting	3%	4%
Nervous System	Dizziness	2%	0%
	Emotional Lability	9%	2%
	Insomnia	17%	2%
	Nervousness	6%	2%
Metabolic/Nutritional	Weight loss	4%	0%

Other drug-related adverse reactions have been associated with amphetamine use. Cardiovascular: Palpitation, tachycardia, elevation of blood pressure. There have been isolated reports of cardiomyopathy associated with amphetamine use. Central Nervous System: Psychotic episodes at recommended dosages, overstimulation, restlessness, insomnia, euphoria, dyskinesia, dysphoria, tremor, headache, exacerbation of motor and phonic tics and Tourette's syndrome. Gastrointestinal: Dryness of the mouth, unpleasant taste, diarrhea, other gastrointestinal disturbances. Anorexia and weight loss during prolonged therapy. Allergic: Urticaria. Endocrine: Impotence, changes in libido. **DRUG ABUSE AND DEPENDENCE.** ADDERALL XR is a Schedule II controlled substance. Amphetamines have been extensively diverted for nonmedical use. Psychological dependence and severe social disability have occurred. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration typically results in extreme fatigue and mental depression; changes may also be manifested in the sleep EEG. Manifestations of chronic intoxication with amphetamines may include marked insomnia, tremor, restlessness, irritability, hyperactivity and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinically indistinguishable from schizophrenia. **OVERDOSAGE.** The human lethal dose of amphetamines varies widely. Toxic symptoms may occur at doses of 10 mg or more. Symptoms: Manifestations of acute overdosage with amphetamines may include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states, fever, flushing, sweating, headache, dry mouth, nausea and vomiting, diarrhea, abdominal cramps, muscle cramps, convulsions, coma, fatigue and depression usually follow the central nervous system stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually is preceded by convulsions and coma. Treatment: Consult with a Certified Poison Control Center for up to date guidance and advice. Management of acute amphetamine intoxication is largely symptomatic and includes gastric lavage, administration of activated charcoal, administration of a cathartic and sedation. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendation in this regard. Acidification of the urine increases amphetamine excretion, but is believed to increase risk of acute renal failure in the presence of myoglobinuria. If acute severe hypertension complicates amphetamine overdosage, administration of an adrenergic blocking agent, such as phentolamine, has been suggested. However, a gradual drop in blood pressure usually results from sufficient sedation; this has been achieved with chlorpromazine. Chlorpromazine antagonizes the central stimulant effects of amphetamines and can be used to treat amphetamine intoxication. The prolonged release of amphetamine salts from ADDERALL XR should be considered when treating patients with overdosage. Dispense in tight, light resistant containers as defined in the USP. Store at 25°C (77°F). Excursions permitted to 15-30°C (59-86°F) [see USP Controlled Room Temperature]. Manufactured by Patheon Pharmaceuticals Inc., Cincinnati, North Carolina 27834. Distributed and marketed by Shire US Inc. New York, NY 10019. For medical information call 1-800-828-2088 or visit www.adderallxr.com. ADDERALL is registered in the U.S. Patent and Trademark Office.

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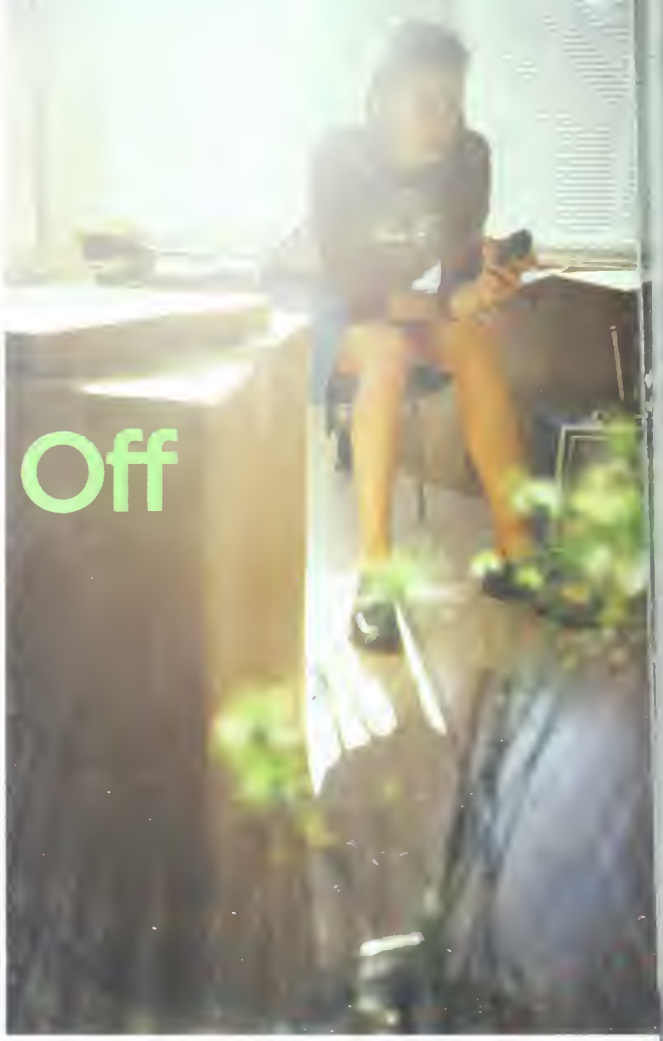
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Sending My Daughter Off to College

This was the moment I'd been working toward for 18 years. So why was it so hard to let go?

BY JAN JARBOE RUSSELL

After 18 years of motherhood, I figured there was nothing left that could occasion the kind of kick-in-the-guts surprise that leaves one gasping for breath. But then I hadn't yet delivered a child to college.

Foolish me: I actually thought I was ready for this particular rite of passage. From the moment I adopted my daughter as a 1-day-old, college was a certainty. Although I knew very little about why Maury's birth mother had made the brave, hard decision to relinquish her baby, I did know that one of her stated reasons was that she wanted her child to have a good education. From the beginning, then, the dream of college was something I cherished not only for Maury, but also for the woman who had given her to me. Over the years, I steadily put away money, peppering family conversations with the phrase "when you go to college"—as if college were some proverbial pot of gold at the end of the rainbow of Maury's childhood. We even survived the single-minded frenzy of her senior year in high school, when she and her friends threw themselves body and soul into the application process—taking SAT prep courses, attending countless college fairs and editing one another's admission essays. In the end, I was crestfallen when Maury chose a small liberal-arts school close to our home in Texas instead of one of the high-profile California schools I'd lobbied for.

None of this emotional buildup, it turns out, was adequate preparation for the moment last September when Maury and I faced each other in her dorm room and said good-bye. It came after a long, hot day of hauling her belongings—the mini-fridge, the stereo, her computer and teddy bears—up three flights of stairs. From her new perch on a single bed in Room 324 of Doyle Hall—roughly half the size of her room at home—Maury supervised the move. I didn't mind; she had all she could handle in dealing with the awkwardness of meeting her new roommate, Alexa. Mercifully, the match looked like a good one. Both love music. Neither smokes or has a disproportionate number of body piercings. Moreover, each seemed eager to accommodate the other. "You take the top drawers," Alexa offered.

"No, *you* take them," said Maury in her most upbeat voice.

The two put together a shopping list: pink comforters, a throw rug, extra surge protectors, an erasable message board to hang on their door. Meanwhile, Alexa's mom and I were down on our knees furiously scrubbing the grimy baseboards, as if keeping our heads low and hands busy would wipe out the emotional

ıessiness of the situation.

All summer long, my mantra had een *let her go, let her go, it's her life, let er live it.* But the gap between my ıantra and my feelings dwarfed the Grand Canyon. Everything in me vanted to manage this experience, ıst as I'd once managed getting her o school and to dance lessons, fol owed by dinner, homework and bed ime at 8:30. Yet Maury had made it lear from the outset that this was one xperience she was intent on manag ng herself. She had exhibited a fierce ndependence in choosing a college; ıow, whenever I pressed her about ossible majors or ways to make new riends, she would remind me that her ollege years belonged to her—that I'd had mine already. It was a sensible po sition, but not one I could easily accept. I hated the fact that I would no longer know everything about her life.

Naturally, I expected to cry at our parting. What took me aback was Maury's reaction. Alexa and her mother had drifted out to purchase textbooks, leaving the two of us alone in the little room. Finally, I turned to Maury and said, my voice choking, "Well, honey, I guess it's time I got going."

With a single, swift movement, Maury, long, dark hair billowing, buried her head in her pillow and sobbed. I wasn't sure if she was cry ing out of fear of her new life or if a small part of her didn't want to leave home after all. It scarcely mattered. I sat on the bed, took her in my arms and held her tightly, just as I'd done when she was an infant, until she cried herself out.

And suddenly, there it was again, as robust as ever: the mother daughter bond, the one I'd feared might break under the strain of the physical and emotional separation we now faced. Relief washed over me as I realized our bond was plenty strong enough to withstand the myriad uncertainties of what would happen next in her life, and in mine. When her sobs subsided and our breathing returned to normal, I gave her a last kiss, stood up and walked out the door, overwhelmed with gratitude that my daughter had had the wisdom not to stray too far from home.

LHJ.com **Get advice for helping your college-bound kid: www.lhj.com/collegebound**



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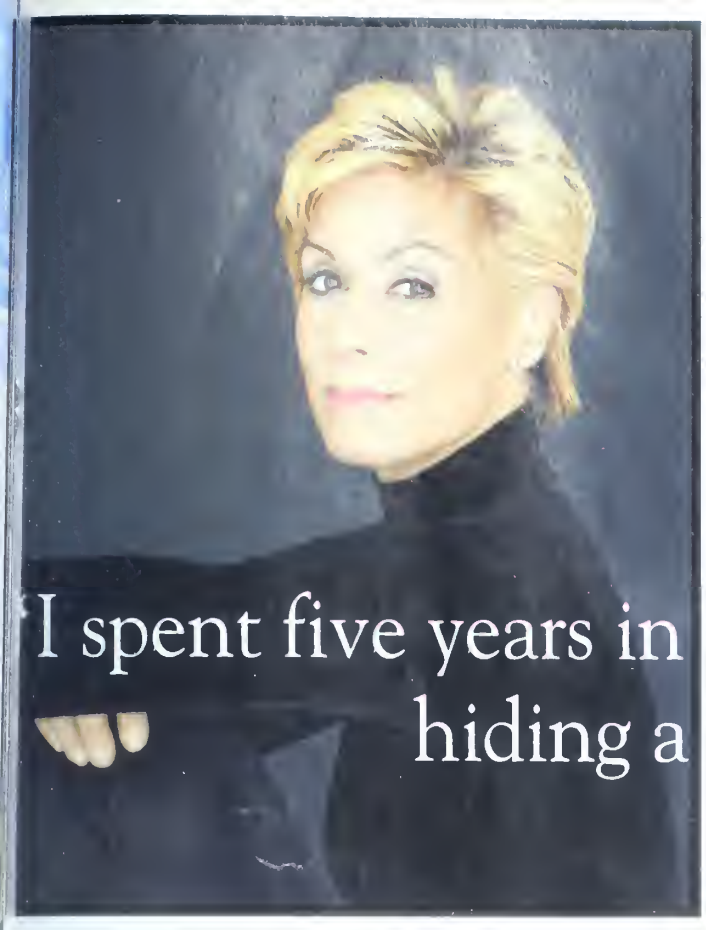
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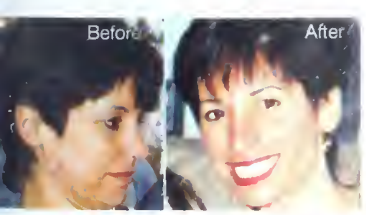


Judith Light
Actress

I spent five years in the spotlight hiding a terrible secret."

When you have acne, you feel like everyone is staring at you... but in my case, they really were. For 5 years, while appearing in "Who's the Boss," I would pile on makeup to hide my constant outbreaks. I thought I'd live with acne forever, but then I discovered Proactiv® Solution, and it literally changed my life. Rather then a spot treatment designed to get rid of existing pimples, Proactiv® Solution is Combination Therapy® System developed by dermatologists. In addition to healing existing blemishes with prescription-grade ingredients, it fights acne actively by helping to prevent breakouts before they start. This 3-Step System is so gentle your skin can clear up without dryness, redness, or irritation.

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Patrina Gunsolley, age 38



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"I'm the luckiest guy I know"

Matt LeBlanc has gone from a *Friend* to a full-fledged family man. But not to worry, this proud papa is still the funny flirt we love on his new show, *Joey*

BY LAURA BROUNSTEIN

"You gotta see these. These are the greatest," Matt LeBlanc says excitedly, sounding for all the world like a certain *Friend*-ly neighbor we've come to know and love. Except the star of NBC's highly anticipated *Joey* isn't talking about the New York Knicks, foosball tables, or even meatball sandwiches. He's referring to the tiny pink feet of his then 4-month-old daughter, Marina, whom he's gleefully de-socked. She seems pretty happy about it, gurgling and kicking zestily—and gets even happier when he starts merrily munching on her toes.

All this activity catches the attention of Matt's wife of one year, Melissa, 39, who walks over in tight blue jeans and a floral tank top, looking more like the supermodel she was than the supermom of three she is today.

"I knew you were going to do that!" she squeals, when her multitasking husband playfully slaps her behind. The devilish, toothy grin that made us all fall for Joey Tribbiani 10 years ago on *Friends* animates Matt's face as the couple take their place in front of the camera for their *Ladies' Home Journal* cover shoot.

Matt, 37, moves seamlessly in and out of the roles of Daddy, Honey, and Star. But when the LeBlancs sit down later to chat and sip Arnold Palmers (lemonade and iced tea mixed together), Matt confides that cameras and close-ups still seem a little strange to him.

LHJ: After 10 years of *Friends*, this whole star-treatment thing must be second nature for you.

Matt: I'm not—I don't know if I'll ever be—super comfortable with this whole celebrity "outfit." I don't like the way it fits. CONTINUED



"From the beginning," says Matt, "Melissa and I knew that we were destined to be together"

PHOTOGRAPH BY MARK LIDDELL

It's just not me. Today was different and fun, because we were together.

LHJ: How did you two first meet?

Matt: My assistant, Heather, and Melissa are friends, and she introduced us in 1997. Melissa had just gotten divorced, didn't even live in Los Angeles, and was playing hard to get. I had to wait it out.

LHJ: What was your first date?



Matt (left) with *Joey* co-stars de Matteo and Costanzo, says his TV trick is to "go to work and check your ego at the door"

"*FRIENDS* WAS A ONCE-IN-A-LIFETIME THING, LIGHTNING IN A BOTTLE . . . BUT I CAN PROMISE YOU, *JOEY* WILL BE FUNNY"

Melissa: Well, I was gun-shy and uncomfortable coming off a marriage. So I said we could go out in a large group during one of my visits. I thought it would be safer.

Matt: I made sure we sat together. And then I gave you a ride home.

Melissa: *[laughing]* He thinks it was all about the car.

Matt: I saw the way you looked at my Jag-u-aaaar . . .

Melissa: It wasn't the car! He had these really nerdy, adorable, Buddy Holly glasses he wore for driving, and that's what got to me. They were just so opposite his image, you know?

LHJ: And once you started dating, did you find Matt to be Joey-esque?

Matt: Oh, that's a good question *[looking with interest at Melissa]*.

Melissa: There are elements of Matt in Joey, but there are not elements of Joey in Matt. I was actually pleasantly surprised by how intelligent he was and *not* like his character. However, after living with him . . .

Matt: Yeah *[laughing]*, if food falls on the floor, I have a three-second rule. Joey has a three-day rule.

LHJ: Tell me about your new show. We know that your *Friends* character, Joey Tribbiani, moves to Los Angeles, where his sister Gina *[The Sopranos'* Drea de Matteo] and her 20-year-old son, Michael [Paulo Costanzo], already live. Is Joey going to stay as sweet as he was on *Friends*, or will he become a slick Hollywood guy?

Matt: He'll be the guy that everyone grew to love, myself included. I don't want him to change. I want the same guy, doing the same crazy stuff, with the same logic that only sometimes makes sense. I'm Joey's biggest fan—I really, really love to play the guy. It's so much fun, as Joey, to never have to justify a train of thought. He's like this jigsaw puzzle that fits together, but the picture doesn't quite add up. I'm really looking forward to elaborating on him.

LHJ: In what way?

Matt: Well, Joey definitely grew through the course of *Friends*, but you really knew the least about him. You spent a lot of time with Rachel's parents, you know all about Monica and Ross's family, and Phoebe had the whole storyline with her brother and the triplets, but Joey, you met his parents one time in the very beginning and other than his sisters being on a couple times, that was pretty much it. You never went to his house for the holidays or saw big events with his family. So there's a lot to do. Gina, Michael and Joey Tribbiani are single adults, but they're also blood relatives. They're trying to relate to each other as family and create their own traditions—that's an interesting dynamic and one I don't think I've seen on TV before. Drea and Paulo are great actors and we're already cracking each other up.

LHJ: Does anything make you nervous about the new show?

Matt: It's a lot more responsibility. I was never really singled out before. Now it's my face up there, my character's name, and that's a little intimidating. But I wanted something that would really challenge me. I also worry that people are going to compare *Friends* and *Joey*. *Friends* is over. It was a once-in-a-lifetime thing, lightning in a bottle. And *Joey* isn't trying to be *Friends*. I'm really proud of *Joey* and I have a cast that is going to work really hard and I can promise you that it will be funny.

LHJ: Was the end of *Friends* very emotional for you?

Matt: I was distraught. It was really hard, like a death. It was like a wake where they never actually put the body in the ground. We shot the final episode in January, but then we had to revisit it again and again for things like *Oprah* and *The Tonight Show*. Jennifer *[Aniston]* and I kind of clung together at the end. We were both having a really hard time.

LHJ: Matthew Perry told us in our May issue that he was CONTINUED

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the only one who didn't cry.

Matt: That's because he's dead inside *[affectionate laughter]*. I was like, are you kidding? Are you made of stone? You're going to cry later tonight, aren't you? I want you to cry here, so I can see it! But he was making jokes!

LHJ: Is that typical?

Matt: I'm so close with all of them. Tyler and I could sit and watch *Friends* while I fed her.

Matt: I didn't know that!

Melissa: Yeah . . . and this was way before we met.

LHJ: Matt, were you comfortable with Tyler and Jacquelyn when you were first dating Melissa?

Matt: Yeah. I had a stepdad and two different stepmoms *[Matt's parents divorced when he was 7]*, so that may have made me a little more sensitive to what they were feeling. My big concern was, if I'm going to be with Melissa and in these kids' lives, I need to be serious about my commitment to her or walk away right now, because there are two innocent people involved. So, the woman I fell in love with happened to be a package deal. Whether it was two kids or 10 kids, it wouldn't have mattered. She's the one I want to be with. And Jacquelyn and Tyler are great.

"THE WOMAN I FELL IN LOVE WITH HAPPENED TO BE A PACKAGE DEAL. TWO KIDS OR 10, IT WOULDN'T HAVE MATTERED"

[Matthew] Perry can cure anything with comedy. Courteney *[Cox]* is the fixer. Lisa *[Kudrow]* is the rational one, and *[David]* Schwimmer's very logical. Jen is just a giant heart with feet and a head.

Melissa: It's funny, my kids *[Tyler, 14, and Jacquelyn, 10]* have grown up with Matt and *Friends*. Jacquelyn's always watched the show, knows the characters, but also knows everybody from visiting the set and would get so confused. I think it's only in the last year that she really knows that Courteney's name is Courteney, not Monica. Lisa would call and Jacquelyn would go, "Hi, Phoebe!" It was so cute.

LHJ: Matt, what would you tell your pre-*Friends* self, if you could?

Matt: When we get to the episode where Joey puts on all of Chandler's clothes, I'd say, *Stop goofing around and do not do the stunt where you dive over the table. [He pulls down his shirt to reveal a long, nasty scar.]* I ended up needing major surgery for popping out my shoulder.

LHJ: Melissa, did you watch the show before you knew Matt?

Melissa: Always! I'd give Jacquelyn her bedtime bottle at 8 every night so

Matt: She was so little, you could only see a foot! I'd say *[in a goofy voice]*, "Wheeeeere's Jacquelyn?" But really, my wife and kids are what have kept me grounded. There's no bull with kids. As soon as you try and lay a little crap on them they say, "Hey, hey, what are you doing?"

LHJ: And Marina? You are so cute with her. What's it been like for you?

Matt: She's a constant surprise. I've never had something in my life that's so vulnerable, so dependent. It's a little hard for me right now because this age, it's really all about the mother-child bond. But she's so cute and great. And Melissa is a fantastic mom and such a good friend to Tyler and Jacquelyn. I watch her with them. She speaks to them as equals and I think they respond to that with trust. When the kids first came into my life, I followed her lead and by doing that, I never really made the wrong move.

LHJ: Which one of you is tougher with the kids?

Matt: She's a softie. I carry the big hammer. *[Melissa laughs.]*

Melissa: I think we play off each other. If I'm really intense and angry over something, he always gives me perspective. And vice versa. We can communicate best with the kids when we're not too angry.

Matt: When she's too soft with them, I come in and say, "I will cut your dirt bike in half with a chainsaw!"

Melissa: Really, Matt's a teddy bear.

LHJ: Matt, is Melissa your first serious romance?

Matt: No, when I was 19, I moved in with a girl, and we got engaged. After that broke up, and I had moved to California, I had a couple of other serious relationships.

LHJ: So, when you met Melissa, were you ready for the real thing?

Matt: I was definitely the one pursuing her. We were dating, and she was living in New York, and I kept flying out there to see her. Pretty soon, I asked her to move to California, she said okay, and here we are.

LHJ: You guys lived together for five years before you married. Melissa, were you nervous to commit again, after your divorce?

Melissa: I suppose I could have been, but I think when I CONTINUED



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met Matt, I finally felt like I had met the person I was supposed to spend the rest of my life with. I was not with the right person in my first marriage, so I could really feel the difference.

LHJ: Matt, how did you propose?

Matt: I said I was going to ask her to marry me 20 different times, 20 different ways, and the 20th would be the real one. Some of the proposals were romantic, some nonchalant, some were a joke. She was over the whole thing by about the third one.

Melissa: For the real one, I was doing the dishes, in sweats, and he came in with the ring. It was the most unromantic, but maybe, that I was home and had dishpan hands, also made it the most romantic.

LHJ: What do you guys all like to do together, as a family?

Matt: We have a house up north of Santa Barbara with cows and horses that's just a great place to decompress and spend time outdoors together. It's up in the rolling, green, cattle hills and it's so beautiful. Like God reached down and touched the ground with His hand and it just blossomed. Wildflowers, oak groves, tall wavy grass . . . it's just killer. My mom likes it there. She's really happy being a grandmother.

LHJ: Was wanting to make her proud a motivating force for you?

Matt: I think she's always been proud. I don't think I ever made her feel like she did a bad job. I treat people right, the way I would like to be treated. That's how I was raised. But, if you wrong me, watch out! *[laughing]* Melissa calls me Mr. Get Even.

Melissa: He's like a cat who waits and gets you in the middle of the night! If I play a joke on him, when I'm least expecting it he gets me. Throwing cold water on me! Running in when I'm showering and changing the temperature!

LHJ: What do you do that makes the other crazy?

Matt: She constantly shuts the lights off. I'll be like, "Ah, still here! Still in the room!" *[They both crack up.]*

LHJ: Matt, did you always want to be an actor?

Matt: No, as a kid I wanted to be a carpenter. I studied it in high school, and I remember my deciding moment. I had dropped out of college and was framing a house in the snow in Newton, Massachusetts, where I grew up. It was winter, and I smashed my finger, and it was freezing. I remember thinking, Crap! I hate this! It was either find someplace warm to go and frame houses or go with acting. Then, if you have to lift something heavy, the stuntman does it.

Melissa: But he's so mechanical. He's always pulling apart motorcycles and rebuilding them.

Matt: My dad is a diesel mechanic, and I've always loved that stuff. I love that you can put together a group of inanimate objects and harness the power of an explosion and turn it into transportation.

LHJ: Do you still ride motorcycles?

Matt: I love it. The other day I took out this little scooter I have. It doesn't go very fast and makes so much noise, everybody was probably looking at me going, "What a geek!" But I had the full helmet on and h the best time. It's fun to be anon mous sometimes. I wish there wa switch I could just turn on and off.

LHJ: A long way from carpentry.

Matt: Yeah, now, instead of going work on a construction site, I go to soundstage. I relate to the crew . . . b cause they are all blue-collar guy. And I'll take ideas from anyon Everyone knows, from th sound technician to the grip, they have a funny joke for th show, they can come to me. I' willing to try anything. It mak it more fun, because then whe it comes time to perform an episod it's been a real collaborative effort an everyone is pulling for you.

LHJ: You seem to still love acting.

Matt: It's so fun! It's like a license t play in the sandbox. *[In a deep voic* This week I'm a fireman! This wee I'm a spaceman! [I was in] *Lost i Space*. I got to be a spaceman for fou months. I had a ray gun *and* a specia leather space suit! *[Melissa laughs.]*

LHJ: But most importantly, have you changed Marina's diapers?

Matt: I have. It's like a pit stop NASCAR. Zoom, zoom! I should ge a stopwatch.

Melissa: He always was my favorite *Friend* . . . *[teasing]*.

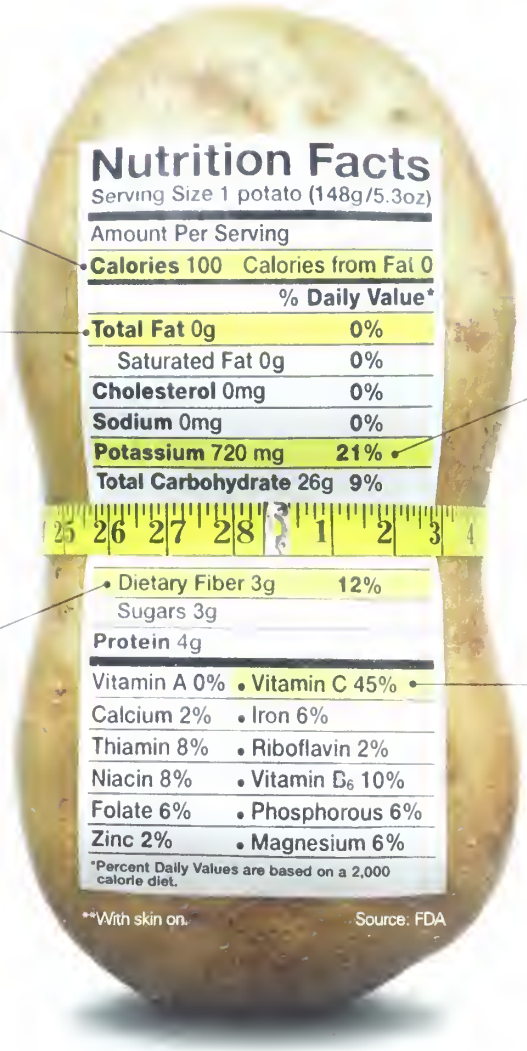
Matt: But seriously, the thing is, right from the beginning I think Melissa and I knew that we were destined to be together. To be the two of us. She's my best friend, my lover, my confidante. It's the greatest thing that's ever happened to me. That, and I found 20 bucks in the street one time. That was great!

[And again, the two dissolve in laughter.]

> "I TREAT PEOPLE RIGHT. THAT'S HOW I WAS RAISED. BUT IF YOU WRONG ME, WATCH OUT! MELISSA CALLS ME 'MR. GET EVEN' "

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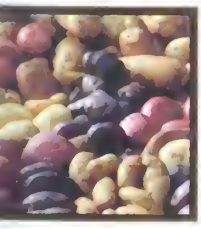
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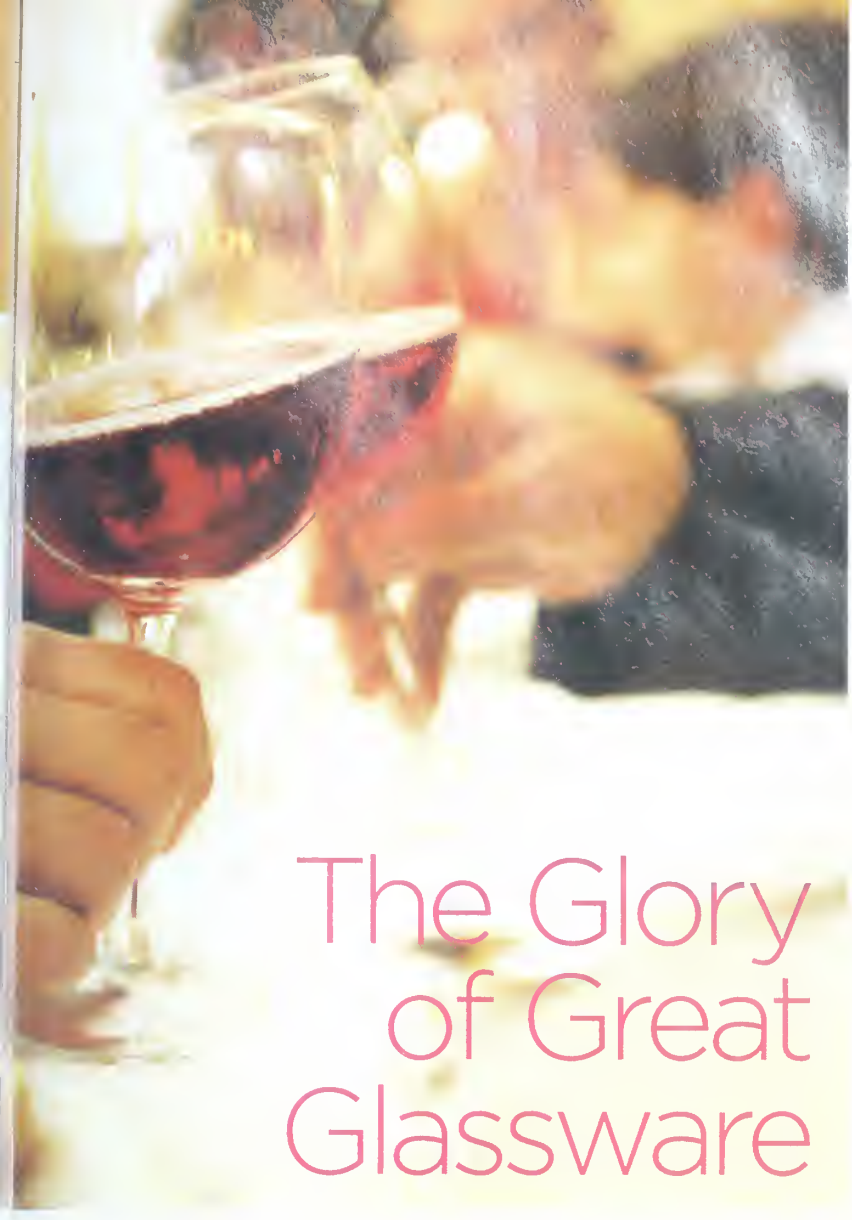


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The Glory of Great Glassware

Whether a slender champagne flute or a chunky crystal wine goblet, finely made glassware helps your drinks taste their best. They're also a treasure to hold *and* behold

BY TERRY TRUCCO

Most of us unveil our formal drinking glasses only on holidays and special occasions. And that's a shame, because good glassware is too pleasing to be left on a shelf. A swank martini glass or brandy snifter feels just right in your hand and makes sipping a delight. And crystal glasses adorned with artful cuts or engravings perform double duty as sculpture wherever they perch.

True, formal glassware is neither designed, nor intended, to accommodate certain everyday realities such as small children or the dishwasher. But drinking from exquisite vessels is a sweet pleasure not to be missed, as I discovered a while back. We were unpacking boxes in our new home when friends dropped by with champagne. Staring at the green bottle, I understood a basic truth: to pour exquisite wine into our everyday tumblers was comparable to wearing a silk evening gown with flip-flops. I excavated the crystal flutes, ordered in pizza and voilà—we had an impromptu party. As we toasted our new home, our glasses sang out like bells. Since then, whenever I want to dress up an ordinary dinner, or a pizza, I serve up the good glassware.

For years the market for formal drinking glasses was the province of brides, since quality glasses can be expensive and make a great wedding gift. But buying customs have changed. While it once took between one and two decades to complete a formal glassware service, today you can have all the pieces you want within five years. Good-looking casual glassware has also cut into the market for quality glass. Eager to retain longtime customers while courting new ones, the high-end glassware industry has updated its offerings, with superb results. Today's formal glassware is less, well, formal than what your mother or grandmother used. Shapes are sleek, youthful and contemporary with elongated stems and notably bigger bowls. Cut crystal is more minimal and modern, taking its sparkle from a few elegant, well-placed slashes. CONTINUED

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From top: Varga Springtime cordial glasses ($78 each); William Yeoward Fiona glasses ($94 to $105 each); Luminarc martini glass ($3); Wedgwood Blue Fin wineglasses ($19 each)



Light-hearted stripes, bands and polka dots are the engravings of the moment, while platinum rims are the new gold. Color is everywhere; barware, in particular, has been revitalized. Waterford recently added color to its 52-year-old Lismore pattern, creating double old-fashioned glasses in red-, aqua-, amethyst- and black-cased crystal. The result? "Barware is doing a huge business, especially since customers are buying for themselves," says Allison Zisko, an editor at *Home Furnishing News*.

Whether you're shopping for a second home or want to update what you have, this is a superb time to hunt down the perfect formal drinking glasses. In the high-end market, most formal glassware is still crystal, and choices have rarely been so abundant. And while formal glassware is not inexpensive, the prices might surprise you. True, a hand-honed crystal martini glass can cost $160. But a machine-made crystal stem costs just $25. And that can be good cause to raise a glass.



HOW GLASS IS MADE

Using good glassware becomes even more enjoyable when you know how it's made. Though a flawless glass can seem the epitome of modernity, every glass you will ever pick up is descended, albeit indirectly, from antiquity. Some 4,000 years ago, Mesopotamian craftsmen discovered that a mixture of ground quartz and ashes, heated until it melts, could be shaped into a smooth, rock-hard substance that



glistens. Over the centuries, other e ments have been added to the m most notably lead, the singular e ment that turns glass into crystal a makes the finished product more b liant, durable and softer than conve tional glass, rendering it ideal f cutting and engraving.

Glassmaking techniques also sp the centuries. The finest handma drinking glasses are made with me blowpipes, a basic tool invented b the Romans. Glassmaking begi when a clump of molten glass at t end of a long hollow pipe is coaxe into a bubble by the breath of th blower. It's then blown or hand pressed into a mold, or blown into shape. After the glass cools, it' smoothed, polished, cut, engrave and sometimes painted with gold o platinum on the rim. Today, o course, the process, or parts of it, ar often done by machine. While hand crafted glasses can differ slightly which contributes to their beauty machine-made glasses are identical.

HOW TO KNOW WHAT YOU NEED

It seems there's a glass for every bev erage imaginable, so before you de cide which to buy, take a moment t think about the types you'll need and the tasks they'll perform. Quite sim ply, a glass's size and shape affect the taste of a beverage. Red wines need a larger glass, often with a balloon shape, to release the wine's rich fla vors. The more full-bodied the wine, the bigger the bowl should be to pro vide necessary air and space to devel op the aroma and bouquet, advises Isabelle von Boch of the tableware manufacturer Villeroy & Boch. Glass es for white wines are smaller; this helps to concentrate the wine's less intense aroma and CONTINUED



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more delicate bouquet. Champagne best retains its fizz in a tall, narrow flute. Stems serve a purpose, too: A long, slender one prevents you from cupping the bowl, which can affect the wine's temperature and taste. But a brandy snifter's short stem and stout, squat shape encourage you to grasp the bowl and warm the cognac or brandy to perfection.

For years, a water goblet, large red-wine glass, smaller white-wine glass and a champagne flute comprised the basic stemware collection. But buy only the pieces you need. If you don't entertain a lot, a water goblet and a large all-purpose wineglass will do. And with generous vessels in vogue, you may prefer a water goblet as an all-purpose wineglass and a generous iced-tea glass, a vessel that didn't exist 25 years ago, for water and soft drinks. "Iced-tea glasses are extremely popular in the South and Midwest, particularly with people who don't drink alcohol," says Peter Cheyney, an executive at Waterford.

If you're a serious oenophile, look for stems designed to complement specific varieties of wine. Riedel, a leading maker of stemware, originated the concept 31 years ago, based on Austrian glassmaker Claus Riedel's discovery that the physics of a glass—size, shape, thickness and rim diameter—can affect a wine's bouquet, taste, balance and finish. Wine-specific glasses are thin, clear and unadorned, focusing all the attention on the wine. Hand-blown crystal glasses are ethereally light but can cost $90 a glass. Less costly versions come in machine-made crystal ($25 a glass) and glass ($10 a glass). If you're not on a tight budget, opt for either type of crystal; crystal's minutely pocked surface holds aromas longer than smooth glass. How to choose a shape? Buy whatever goes with your favorite wine. Riedel's Sommelier line (www.riedelcrystal.com) offers 38 different shapes.

A basic bar service consists of martini glasses, double old-fashioneds and highball glasses. But depending on how you entertain, you may want to include pilsners, vodka glasses, single old-fashioneds and snifters. If that seems excessive, remember that a glass can have more than one use. A pilsner shows off a parfait as eloquently as a lager. And a possible reason for the sudden popularity of wide-mouth, narrow-bottom champagne saucers, which virtually disappeared 30 years ago with the advent of flutes, is that this versatile vessel, said to take its shape from the curv of Marie Antoinette's breast, ca hold anything from shrimp cockta to sorbet.

The newest barware best illustrate just how sizable drinking glasses hav become. A classic martini glass hold about five ounces compared wit some nine ounces for the latest Bi Gulp models. Glasses once came i standard sizes with almost no varia tions, but when Riedel's multi-siz wineglasses caught on, the old rule disappeared, says Susan Saideman o Arc International, which includes th brands Mikasa, Salviati, Studio Nova Luminarc and Crystal d'Arques. "I don't think we'll see any downsizing but I don't think glasses will get any bigger," she adds.

CONTINUED

Caring for Your Glassware

With proper care and a bit of attention, good glassware will keep its sparkle for years. Here's what the experts suggest:

To prevent scratching and clouding, wash full-lead crystal by hand with a mild detergent. Glasses trimmed in gold or platinum should always be washed by hand in order to keep decorative embellishments from peeling. Glasses can air-dry, but buff them with a soft, lint-free cloth. Always hold glasses by their stems instead of bowls when drying. To remove the milky film that soap residue can leave over time, Isabelle von Boch, spokeswoman for Villeroy & Boch, recommends adding white vinegar to the rinse water.

Glasses with little or no lead can be washed in the dishwasher on racks designed to protect fragile stems. Since hard water can leave deposits on glasses, causing a cloudy film, use a minimum amount of detergent, set the dishwasher on the light or normal cycle and avoid using the high temperature setting.

To keep dust to a minimum, store glasses in a closed cupboard, but keep them upright. Bases are sturdier than bowls, which can chip or nick when set upside down on a shelf. Also, glasses stored on their bowls can become musty.

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From top: Steuben Tipsy Martini glasses ($160 each); Villeroy & Boch Boston goblets ($20 each); Royal Doulton Precious wineglass ($25); Waterford Lismore old-fashioneds ($130 a pair)







SECRETS OF SUCCESSFUL SHOPPING

Though you can order formal glassware from catalogs or over the Internet, choosing glasses is a sensual pleasure. Crystal feels wonderful in the hand, be it a deep-cut snifter or a wineglass so thin it's almost invisible. And holding a glass up to the light is still the best way to determine color and clarity. With name-brand crystal, "quality is a given," says Arthur Bylin, president of Royal Doulton U.S.A. Good glassware starts with high-priced materials, of which the most important is sand, the purer the better. Glass made from low-cost sand has a greenish tinge. To mask this, glassmakers often add cobalt to the mix, which gives the finished product a bluish tinge. "If you line up glasses side by side, you'll see that they're not all the same color," says Bylin. A formal glass should also be flawless, with no ripples, air bubbles or seeds.

To qualify as full-lead crystal, a glass must contain at least 24 percent lead, but drinking glasses often contain smaller amounts. The more lead, the clearer the crystal. The amount of lead has nothing to do with the object's weight; the everyday glass found in diner tumblers can be heavier than crystal, but it doesn't ring like a bell or sparkle. Much crystal stemware is made in Eastern Europe, so how do you account for the price difference between glasses that cost $25 and $125? Simply put, it's machine versus man. Modestly priced crystal is machine blown a decorated with machine-made c and engravings. Yet since high-e materials are used, crystal can glit as brilliantly as hand-hewn piec "Thanks to technology, you get m for your money now than 25 ye ago," says Bylin. Not surprisingly, t trendiest stemware is usually m chine made.

Prices go up in direct relation the amount of handcraftsmanship i volved. Most top-flight pieces a machine blown and hand decorate Some differences between hand- a machine-decorated pieces are subt Hand-cut crystal has sharper edg and no two pieces are precisely alik And the price? A hand-cut stem Waterford's minimal new Auro pattern costs $45, compared wit about $25 for a machine-cut stem Waterford's Marquis line.

Variations, and prices, becom more pronounced when comple decorating techniques such as fre hand engraving are involved. Art sans in Budapest, Hungary, appl the engraved butterflies and flower to Varga's $180 Springtime Hoc glass, using copper and diamon grinding wheels "on the scale of den tists' drills," says Tim DeVine, pres dent of DeVine Corporation, which handles Varga, a Hungarian crysta maker.

Other decorative techniques ca elevate prices, too. Casing, in which a clear glass is coated in color, cut and polished, typically adds $15 to the price. And you should expect to pay dearly for artistry and design from companies like Steuben, Baccarat, William Yeoward and St. Louis, the glass world's equivalent of fashion's haute couture. But take good care of your fine crystal, and it will last a lifetime.

CONTINUED



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PUTTING IT ALL TOGETHER

Twenty years ago, formal glasses had to match, but no more. Mixing styles brings character to the table and allows you to incorporate new styles with what you already have. If you inherited a traditional set of wineglasses, you might pair them with contemporary water goblets, perhaps in the same color. Or choose rounded wineglasses in a pattern that complements the glasses you already own.

Antique glasses offer an elegant way to introduce unusual shapes and sizes. But because modern crystal often appears whiter and clearer than old glass, look for colored antique glass if you intend to mix new with old. For a less costly alternative, consider discontinued crystal patterns, which typically cost anywhere from $10 to $85 a stem. With faceted stems and deep cuts, crystal from long-gone American makers like Tiffin, Cambridge and Fostoria is mostly handmade and offers now-defunct oddities, such as the pink lady glass, a petite martini glass. Or mix and match pieces made in the same decorative style, such as cut or engraved crystal. "I recall a woman who came in and bought every piece of etched glass we had," says Stacy Davidson, owner of Pattern Finders, a shop that sells new and discontinued tableware in Port Jefferson, New York. "Nothing matched, and it looked fabulous."

DECORATIVE DETAILS

Color The 16th-century Venetians can take credit for mastering the art of colored glass, so color isn't new. But this season, colored glassware looks fresh. Nearly every manufacturer in every price range has stems and barware in color. Aqua and amethyst are hot hues, but attractive options include pink, yellow, lime and jewel tones such as royal blue, amber, ruby and even black. Colored glasses work best as accent pieces, so choose carefully and use sparingly, like a potent spice. You might opt for a set of colored martini glasses or colored double old fashioneds that match your clear crystal. Avoid colored wineglasses if you enjoy an appreciation of the wine's color.

Inspect colored glass carefully to make sure glasses in the same shade match. Color technology is quite tricky: while high-end makers can turn out perfectly matched hues, less costly machine-made glasses may vary in shade from batch to batch. Consider purchasing lower-priced glasses in a rainbow of hues so color variations won't be too pronounced. And keep color lighthearted. "Even if it's expensive, color is just more disposable," says Saideman.

Cut Crystal Even if you find heavily cut glasses a bit fussy, don't write off cut crystal. The latest stems, adorned sparingly with elegant slashes, look timeless and modern but can still refract light. To create deep cuts, the glass is held against a rotating sto or metal wheel that is coated with abrasive or oil. Lead amplifies th brilliance of cut crystal—look f glasses with a fairly high conten glass made for the European mark has a 34 percent lead content. Th most artful creations pay attention every aspect of the glass. Before yo buy, gaze down into the empty glas If you see an elegant detail or prett etching where the bowl meets th stem, the design is top notch.

Engraved and Etched Glass The del cate dots and spirals that dance acros today's stylish glasses may seem technical tour de force but the aren't. To impart the designs, a tem plate is placed on top of the glass an brushed with acid, which dissolves th surface through the openings of th template to give the glass a frosty ap pearance. Engraved glasses, adorne with fanciful flowers, dragonflies an curlicues, require much more time and skill. Though similar to th process used for cut crystal, engraving requires smaller wheels.

Is Lead Crystal Safe?

Some years back, concerns were raised that lead from crystal could leach into acidic beverages such as orange juice, spirits and wine. In 1986, California came up with Proposition 65, which requires all leaded crystal sold in the state to come with a warning. Since then, some manufacturers have stopped using lead in decanters, while others now coat the interiors of crystal decanters with glass. Drinking glasses have received no such treatments, largely because liquids are rarely left in glasses long enough for a significant amount of lead to leach out. But to be perfectly safe, pregnant women and children should avoid drinking from crystal glasses. And you should never store beverages in old decanters.

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Jane Seymo
at her Bath,
England, ho
the inspirati
for her hom
collection li
St. Catherin
Court. It's
also where
and her fam
spend the
holidays

Jane Seymour's New Passions

She's not just a successful actress with a sexy movie due out next year. She's also a talented designer and artist

BY LAURA BROUNSTEIN

If your current mental picture of Jane Seymour has her in the pioneer garb she wore for her signature role, Dr. Quinn, Medicine Woman, today's uber-modern, multi-career, chic Californian with an afternoon-tea British accent may surprise you. Especially when she talks about her racy Mrs. Robinson-esque role in Owen Wilson and Vince Vaughn's upcoming comedy, *The Wedding Crashers*. "I was half-naked with Owen! I had to be very brave," she confides, settling into the cream and sea green living room of her Malibu beachfront mansion.

The sprawling house's casually cla
sic look is the inspiration for Cor
Canyon, one of the two home colle
tions she has designed for Saks depar
ment stores. The original collection i
based on the Gothic opulence of he
other home, a 10th-century mano
house in her native England. While
the two lines have a different aesthetic
the linens, furniture and decorative
objects all evoke Seymour's own time
less elegance. She still wears her hai
long, and at 53, she has the lithe body
and grace of the ballerina she was in
her teens in London. But these are
real homes, evident by her spiky-
haired 8-year-old twins, John and
Kristopher, who run by a visitor
straight to the kitchen. Throughout
the house, photos abound CONTINUED

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t sausages into 1" slices. Place in a 6-qt stockpot. ok over medium-high heat for 5 minutes, or until own. Season with cayenne pepper to taste. Reduce at to low, add onions, sauté 5 more minutes or until oked through and sausage reaches an internal mperature of 170° F. Drain well d add kidney beans, pinto beans, matoes and minestrone soup. Stir d simmer approximately 10 - 15 nutes. Makes 6 servings.



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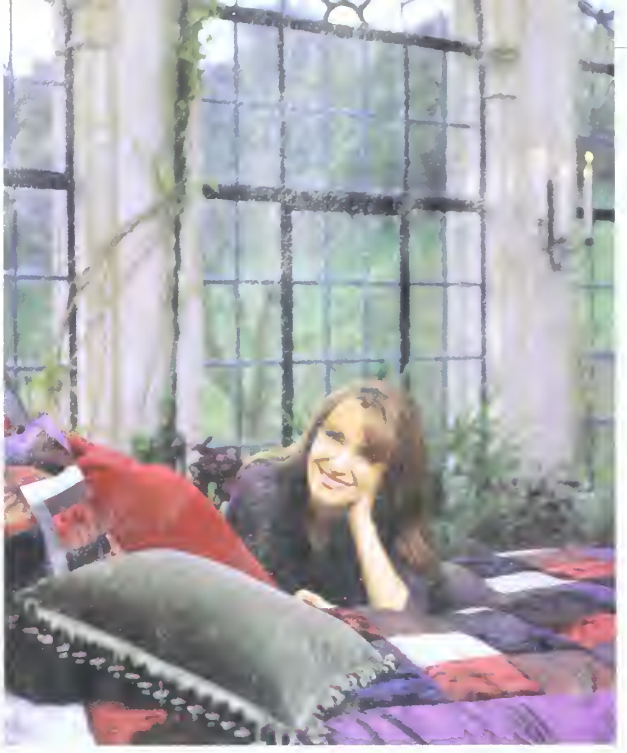
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The Grand Hotel on Mackinac Island, Michigan, where the film *Somewhere in Time* was shot, inspires the look of Seymour's next line

of her other children, Katie, 22, and Sean, 19 (from her marriage to David Flynn), and her stepchildren Jenni (Flynn's daughter) and Kalen, whose father is her current husband of 10 years, actor and director James Keach.

There's also incredible art on every wall. Brilliantly colored oil paintings and dreamy watercolors capture the flowers and ocean outside Seymour's windows. And she painted them all. For the past several years, Seymour's reputation as an artist has been growing; one of her canvases recently fetched $65,000 at an exhibition. Her entrepreneurial creativity began in her 20s, when, after abandoning her early dreams of ballet, she took up embroidery to supplement her income as a fledgling actress. Though well received, her artistic efforts went on the back burner when her acting career took off with a role in the James Bond film *Live and Let Die*. By the late 1970s, Seymour was in Los Angeles with a burgeoning film career and two early marriages already behind her.

In the '80s, Seymour became the queen of the TV movie, with roles in miniseries such as *War and Remembrance* and *East of Eden*. During that period she married her business manager, David Flynn. Her 40th birthday found her with a marriage in ruins and mountains of debt. She was minus a lot of money for things Seymour says she knew nothing about. "I'd lost confidence in myself and in ever finding love again or trusting anyone ever again," Seymour recalls. "Soon thereafter my father died. My life just fell apart."

During that dark time, the seeds of Seymour's new life took root. "I called my agent and said, 'I need to work. Yesterday.'" Serendipitously, the very first offer that came in was for a family-oriented historical drama, *Dr. Quinn, Medicine Woman*. "I felt my father's presence," Seymour shares. "He was a doctor whose passion was the history of medicine. As his eldest daughter, he raised me to learn everything about his work. So I did *Dr. Quinn*."

The show ran for six years and won Seymour legions of fans and a Golden Globe. She also fell in love again and married James Keach (actor Stacy Keach's brother). And she started painting. In her 2003 memoir, *Remarkable Changes*, Seymour wrote that it was painting that "lifted me out of negative feelings."

Today, even as she acts and works on a third line with Saks, painting seems closest to her heart. "I'm painting or thinking about painting all day long," she says.

It's hard to imagine how she fits it all in. "We shot *The Wedding Crashers* in St. Michaels, Maryland, and it was so beautiful, I painted a lot there," Seymour explains. "James spent four or five days wo me on the set. He had mini-office under a big t overlooking the Ches peake, where we we shooting. I dashed ba and forth, doing my scen and hanging out with hi It was cool."

And how did her husband fe about her getting naked with Ow Wilson? "Owen and Vince play gu who crash my daughter's wedding she says, "and I go to Owen and i sist that he inspect my new breas James read it and just said, 'Yo know, you'll be hysterical in this.'"

Keach is currently producing movie about the life of Johnny an June Cash, who were both Keac and Seymour's friends. The couple met when the music legends gues starred on *Dr. Quinn*. "James directe them on the show, and we all g close. We spent a lot of time wit them in Nashville. They trusted us t tell their story, so we got the right Unfortunately, they never got to se the movie but they knew tha Joaquin Phoenix and Reese Withe spoon were playing them. They wer so loving, beautiful, and talented."

Seymour hopes that *Walk the Lin* will show sides of her late friend that not everybody knows. "We're telling their love story. How John spiraled down a dark hole with ad diction and how June pulled him out. Their love was so great. They married and were together until th day they died."

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SPECIAL REPORT

The Stressed-out American Family

PART SIX

IS YOUR JOB MAKING YOU SICK?

Longer hours, tougher goals, less time with family, fear of unemployment, technology that keeps us on call 24/7—work pressure is creating an epidemic of stress-related job illness

BY MICHAEL J. WEISS

Melissa Belkin

needed a break—badly. It was nearly noon, but the 30-year-old special education teacher knew she wouldn't be able to sit down for a civilized lunch. With her class of 17 learning-disabled third- and fourth-graders at Lucy V. Barnsley Elementary School in Rockville, Maryland, it was all she could do to keep her charges focused on a writing lesson. Belkin did manage to scarf down a low-carb yogurt as she graded a mound of test papers at her desk, but her actual lunch break was spent making arrangements for a class trip and calling other teachers to get donations for a retiring colleague's gift. "I never have a quiet moment," says Belkin, a married mother of a 6-month-old girl. "I love my job, but by the time I leave, I'm ready to collapse."

As many Americans know, on-the-job stress is hardly limited to the blackboard jungle. More employees are trapped in a pressure cooker of long hours, crushing workloads, tight budgets and demanding bosses who are also under the gun. Commutes are longer than ever before (the average slog has increased 16 percent since 1990). And the specter of unemployment still looms: Even though the recession officially ended three years ago, downsizings and layoffs are still routine. "There's CONTINUED

nothing you can do about the economy, and you can't complain too loudly about it to your boss," says Frank Kenna III, president of The Marlin Company, a workplace communications firm in North Haven, Connecticut. "People feel helpless." And while we're not happy about toiling harder than before—some 14 percent of American workers hold two or more jobs—many fear that doing any less will jeopardize their positions. That chronic strain can take a heavy toll on body and soul, causing everything from higher absenteeism and depression to headaches and heart disease.

"My daughter threatened to throw my BlackBerry into a lake," says one woman who brought hers on a family vacation

Compounding the pressure is the growth in globalization. Although the exodus of U.S. manufacturing jobs began decades ago, today's outsourcing of white-collar jobs threatens the livelihood of 14 million people, according to a recent study by the University of California. "Everyone is anxious and uncertain," says Marcus Courtney, president of the Washington Alliance of Technology Workers, a Seattle-based union of high-tech employees. When the group recently surveyed more than 400 workers nationwide, it found that one in five had trained, or knew someone who'd trained, replacement workers from such countries as India, China and Russia. The unsettling message to U.S. workers: No job is safe.

For many Americans, new technology has created an array of electronic devices that effectively tether us to our jobs round the clock. Few gadgets have better managed to do this than BlackBerries—those wireless, handheld computers that more than a million workaholic professionals use to check their e-mail anywhere—bathrooms, restaurants, theaters—and anytime, whether it's lunch, dinner, or after the kids are put to bed. "We call them 'crack berries' because they're so addictive," says Elizabeth Weber, 47, who works for BISYS Insurance Services in Bethesda, Maryland. Breaking the habit has been hard. "When our family visited Epcot Center last April, my 16-year-old threatened to throw my BlackBerry into a lake," Weber recalls. "She kept telling me, 'Mom, you're supposed to be on *vacation!*' " Credit Weber for actually taking one. These days, a quarter of Americans don't even use their full vacation leave—even though the U.S. average of 10 days a year is downright stingy compared with countries such as Italy and France (25 to 30 days).

Physiologically, stress signals the brain to release hormones that sharpen the senses, quicken the pulse and tense the muscles. Occasional and short-term episodes of stress pose little risk, but when it's persistent, the body is in a constant state of agitation, which can cause physical and psychological damage. Research over the past 20 years has shown a link between job stress and headaches, ulcers, sleep disturbances, musculoskeletal disorders and heart disease. A study of nea 5,900 Department of Energy (DO workers by Boston Universit School of Public Health betwe 1995 and 2000—a period of downs ing at the agency—found that tho who survived the cutbacks we more likely than the general popu tion to experience sadness and ang Fearful for their jobs, some DOE e ployees became more competiti and were far more likely to distru their co-workers. Many also tried cope by abusing alcohol or usi antidepressants.

One of the early warning signs stress is physical and mental fatigu Some 49 percent of workers repo that they are so stressed on the jo that they often feel incapacitated, a cording to a 2004 survey of 500 wor ers by ComPsych, a Chicago-base employee-assistance provider. Mo than a third say they lose an hour day of productivity because they hav difficulty concentrating; 44 percent ad mit to showing up for work up to fou days a year too stressed to be effective

Men and women experience jo stress differently. In a 2001 survey o 1,003 workers by the Families and Work Institute (FWI), only 25 percen of men complained about being over whelmed, compared with 31 percen of women. Analysts blamed the gen der gap on the so-called second shift the extra time women spent on home chores and child care, but further re search revealed that working women are more stressed because they're typically interrupted more on the job than men—by colleagues and supervisors, by children and the babysitter. "Women aren't as protective of their time," says FWI president Ellen Galinsky. "They're too accommodating."

Undoubtedly, the second shift does increase the burdens that CONTINUED

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BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE TREATMENT OF ANEMIA OF CANCER PATIENTS ON CHEMOTHERAPY PROCRIT® EPOETIN ALFA For Injection

FOR FULL PRESCRIBING INFORMATION FOR [illegible] REFER TO THE PHYSICIAN'S [illegible]

INDICATIONS AND USAGE PROCRIT® (Epoetin alfa) is indicated [illegible] is due to the effect of concomitantly administered chemotherapy. [illegible] indicated to decrease [illegible] receiving concomitant chemotherapy for a minimum of 2 months. [illegible] not indicated for the [illegible] factors such as iron or folate deficiencies, hemolysis, or gastrointestinal bleeding, which should be [illegible]

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with: 1) Uncontrolled hypertension. 2) Known hypersensitivity to [illegible] hypersensitivity to Albumin (Human). **WARNINGS Pediatric Use:** [illegible] reported to be associated with an increased incidence of mortality and other cardiopulmonary [illegible] **Pure Red Cell Aplasia** Pure red cell aplasia (PRCA) in association with neutralizing antibodies [illegible] with recombinant erythropoietins. PRCA has been reported in a limited number of patients exposed [illegible] in patients with CRF. Any patient with loss of response to PROCRIT should be evaluated for the etiology [illegible] Loss of Response). PROCRIT should be discontinued in any patient with evidence of PRCA and the [illegible] neutralizing antibodies to PROCRIT, native erythropoietin, or any other recombinant erythropoietin [illegible] Products, L.P. should be contacted to assist in this evaluation. Patients with PRCA secondary to [illegible] should not be administered [illegible] patients should not be switched to another product as antibodies [illegible] erythropoietins (see ADVERSE REACTIONS). **PRECAUTIONS** The parenteral administration of any [illegible] precautions in case allergic or other untoward reactions occur (see "CONTRAINDICATIONS") in clinical [illegible] observed concurrently with PROCRIT therapy, no serious allergic or [illegible] reactions were reported. (see ADVERSE REACTIONS for more information regarding allergic reactions.) The safety and efficacy of PROCRIT therapy have not been [illegible] seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndrome) [illegible] patients, menses have returned following PROCRIT therapy; the possibility of pregnancy should be discussed [illegible] **Hematology**: Exacerbation of porphyria has been observed rarely in patients with chronic renal failure [illegible] with PROCRIT; however, PROCRIT has not caused increased urinary excretion of porphyrin or porphyrin precursors [illegible] normal volunteers even in the presence of adequate erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria. In preclinical studies in dogs, doses not [illegible] PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, cancer patients should have hematocrits [illegible] week (QW) until HCT has been stabilized and then evaluated periodically thereafter. **Lack or Loss of Response**: [illegible] a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated [illegible] patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infection, inflammation, or occult [illegible] blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic syndromes). 5) Vitamin deficiencies (ie, folate or vitamin B12). 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica. In the absence of another etiology, the patient should be evaluated for evidence of PRCA and sera should be tested for the presence of antibodies to recombinant erythropoietins. **Iron Evaluation:** During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal or elevated levels of low transferrin saturation (serum iron divided by total iron binding capacity) and ferritin, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL. Prior to and during PROCRIT therapy, the patient's iron status including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT. **Drug Interactions:** No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials. **Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames test, chromosome aberration in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus in male and female rats treated intravenously with PROCRIT. There was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg. **Pregnancy Category C**: PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus. In studies in female rats there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of rib and sternebrae in the fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg. **Nursing Mothers**: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of alveoli and breast in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman. **Pediatric Use**: see WARNINGS—Pediatric Use; Pediatric Cancer Patients on Chemotherapy. Published literature has reported the use of PROCRIT in approximately 64 anemic pediatric cancer patients ages 6 months to 18 years, treated with 25 to 300 U/kg subcutaneously (SC) or IV 1 to 7 times per week. Increases in hemoglobin and decreases in transfusion requirements were noted. **Hypertension**: Hypertension associated with a significant increase in HCT has been noted in some patients treated with PROCRIT. Nevertheless, blood pressure (BP) in patients treated with PROCRIT should be monitored or treatment administered to patients with an underlying history of hypertension or cardiovascular disease. **Seizures:** In a double-blind, placebo-controlled trial, 3.2% (N=2/63) of patients treated with PROCRIT and 2.9% (N=2/68) of placebo-treated patients had seizures. Seizure activity [illegible] patients treated with PROCRIT occurred in the context of a significant increase in BP and HCT from baseline values. However, both patients treated with PROCRIT also had underlying CNS pathology which may have been related to seizure activity. Thrombotic Events: In a double-blind, placebo-controlled trial, 3.2% (N=2/63) of patients treated with PROCRIT and 11.8% (N=8/68) of placebo-treated patients had thrombotic events (eg, pulmonary embolism, cerebrovascular accident). **Growth Factor Potential**: PROCRIT is a growth factor that primarily stimulates red cell production. However, the possibility that PROCRIT can act as a growth factor for any tumor type, particularly myeloid malignancies, cannot be excluded. **ADVERSE REACTIONS Immunogenicity**: As with all therapeutic proteins, there is the potential for immunogenicity. Cases of antibody-mediated PRCA in patients treated with recombinant human erythropoietins have been described in publications. Very rare occurrences of PRCA and the presence of antibodies with neutralizing activity have been reported since market introduction of PROCRIT in the United States (see WARNINGS—Pure Red Cell Aplasia). Cases have been observed in patients treated by both SC and IV routes of administration. Among reported cases where the route of administration is known, PRCA has been observed more with SC administration than IV administration. The incidence of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody positivity in an assay may be influenced by several factors including sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to PROCRIT with the incidence of antibodies to other products may be misleading. Adverse experiences reported in clinical trials with PROCRIT in cancer patients were consistent with the underlying disease state. In double-blind, placebo-controlled studies of anti-Streptococcus pneumoniae polysaccharide vaccine in cancer patients, adverse events with an incidence ≥10% in either patients treated with PROCRIT or placebo-treated patients were as follows (all Percent of Patients Reporting Event Ever Followed by Patients Treated With PROCRIT (N=63) first, Placebo-Treated Patients (N=68) second): Pain 21%, 16%; Diarrhea 21%, 12%; Nausea 17%, 12%; Vomiting 17%, 15%; Edema 17%, 15%; Asthenia 16%, 16%; Fatigue 16%, 16%; Dizziness 14%, 13%; Paresthesia 11%, 6%; Upper Respiratory Infection 11%, 4%; Dyspnea 10%, 13%; Twitching 10%, 3%; Rash 10%, 6%; Pruritus 10%, 3%. P=0.017. Although some statistically significant differences between patients treated with PROCRIT and placebo-treated patients were noted, the overall safety profile of PROCRIT appeared to be consistent with the disease process of advanced cancer. During a double-blind, placebo-controlled, open-label therapy in which patients (N=73) for total exposure to PROCRIT were treated for up to 32 weeks with doses as high as 450 U/kg, the adverse experience profile of PROCRIT was consistent with the progression of advanced cancer. Based on comparisons with similar data among the placebo patients treated with PROCRIT and placebo-treated patients who discontinued therapy due to death, disease progression, or adverse experience (20% and 13%, respectively; P=0.12), the clinical outcome in patients treated with PROCRIT and placebo-treated patients appeared to be similar. Available data from animal tumor models and measurement of proliferation of some tumor cells from human biopsy specimens in response to PROCRIT suggest that PROCRIT does not promote tumor growth. Nevertheless, as a growth factor, the possibility that PROCRIT may potentially adversely affect some tumors particularly erythroid tumors, cannot be excluded. A randomized, controlled Phase 3 study is currently ongoing in patients with head and neck cancer receiving radiation therapy. In this study, peripheral [illegible] PROCRIT [illegible] compared to placebo. [illegible] **Overdosage**: [illegible] PROCRIT that may be safely administered [illegible] of up to 1,000 U/kg three times weekly [illegible] 4 weeks have been observed in patients with [illegible] Therapy with PROCRIT should be [illegible] target range is exceeded, PROCRIT should be withheld temporarily [illegible] PROCRIT therapy [illegible] be reduced [illegible]

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6/01 [illegible]

SPECIAL REPORT

working mothers face. We: Jackie Vinick, 35, finishes a l day as marketing manager Friends of the National Zoo Washington, D.C., she's the who makes the hour-long co mute to pick up daughtr Jamie, 6, and Gaby, 4, fr school, feeds them dinner bathes them before her attor husband, Steve, comes hom 8 P.M. "I'm frazzled trying to everything for everyone, an occasionally lose it and yell him and the kids," she sa Asked if she ever gets time to o something for herself, s shrugs and smiles weakly.

Job stress that creeps into o mestic life can have devastatig effects. In a 2002 study of 76 workers by GLS Consulting Boston, 40 percent said their j stress put a strain on their m riages. Researchers specifica cited the adverse effects of t kicking-the-dog syndrome, wh frustration at work carries ov to home life, and people take out on their loved ones. "If y bark at your kids, you'd bet apologize and explain that i because of work," advises Car Kauffman, Ph.D., a psychologi and instructor at Harvard Me ical School. "Your job may n be around in 10 or 20 years, b your family will."

To stay sane in the workplac many Americans are pursuing range of stress-managemer strategies, both old and Ne Age (see sidebar, page 125). Th nationwide boom in walkin yoga, Pilates and aromatherap reflects a growing CONTINUE



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SPECIAL REPORT

need to shake off tension. Jody Mahr, a 49-year-old senior vice president in the credit risk management department at Sovereign Bank, likes to get away from her desk to frequent lunchtime classical-music concerts at churches near her Boston office. Not only are these breaks important stress reducers for her, "it's good just to get out of the business environment for an hour," she says.

Most important, experts advise companies to address the root problems causing stress. The National Institute for Occupational Safety and Health (NIOSH) encourages brainstorming sessions with workers, managers and labor representatives to identify sources of stress and develop preventive measures to bring them under control. Among their prescriptions: Recognize workers for good performance, offer opportunities for professional development, involve workers in management decisions, develop safe and pleasant working conditions and create family-friendly policies. "You need a serious commitment from an employer to have the biggest impact in reducing stress," says NIOSH public affairs officer Fred Blosser.

But if leaner staffs and increased workloads are unavoidable, Mitchell Lee Marks, Ph.D., author of *Charging Back Up the Hill: Workplace Recovery After Mergers, Acquisitions and Downsizings*, advises corporate bosses to be attentive to the emotional and physical needs of the workers still on the job. He recently hosted what he called a "venting meeting" for a California financial services company that had recently downsized 20 percent of its workforce. After separating the workers and their managers, he invited employees to openly gripe about their crushing workloads. Then he brought in the managers to hear sanitized summaries of the complaints, and discuss how they could modify company priorities to more effectively manage each staff member's workload and stress. The outcome: Workers were more content and productive, and some of them were later rewarded with bonuses for their perseverance in tough times.

Your Anti-Stress Action Plan

1. Set realistic goals for what you can accomplish at work. Prioritize your tasks to focus on the important ones. If you have subordinates, delegate responsibilities to them as much as possible.

2. Burn off tension through exercise. Schedule some time in the morning, during lunch or in the evening for a brisk walk, weight lifting, when you can escape the pressure of work by yoga and deep breathing exercises, which can reduce stress, at the office.

3. Don't be afraid to take vacations. People can't operate at full throttle on the job day after day. When you do get away, leave your work cell phone and Blackberry at home. You need to recharge so you can be at your peak when you get back to work.

4. Look for signs that you're getting burned out. If you routinely zone out on the job, think that none of your work matters, or consistently dread going to work, it's time to get help. Some 90 percent of Fortune 500 companies offer an Employee Assistance Program (EAP), in which counselors help workers deal with day-to-day stresses—strictly confidentially—to keep them from becoming larger medical issues. If your company doesn't have an EAP, consider seeing a therapist or a career coach for guidance tailored to your needs.

Find tips for mastering the career-family juggling act: www.lhj.com/workfamily

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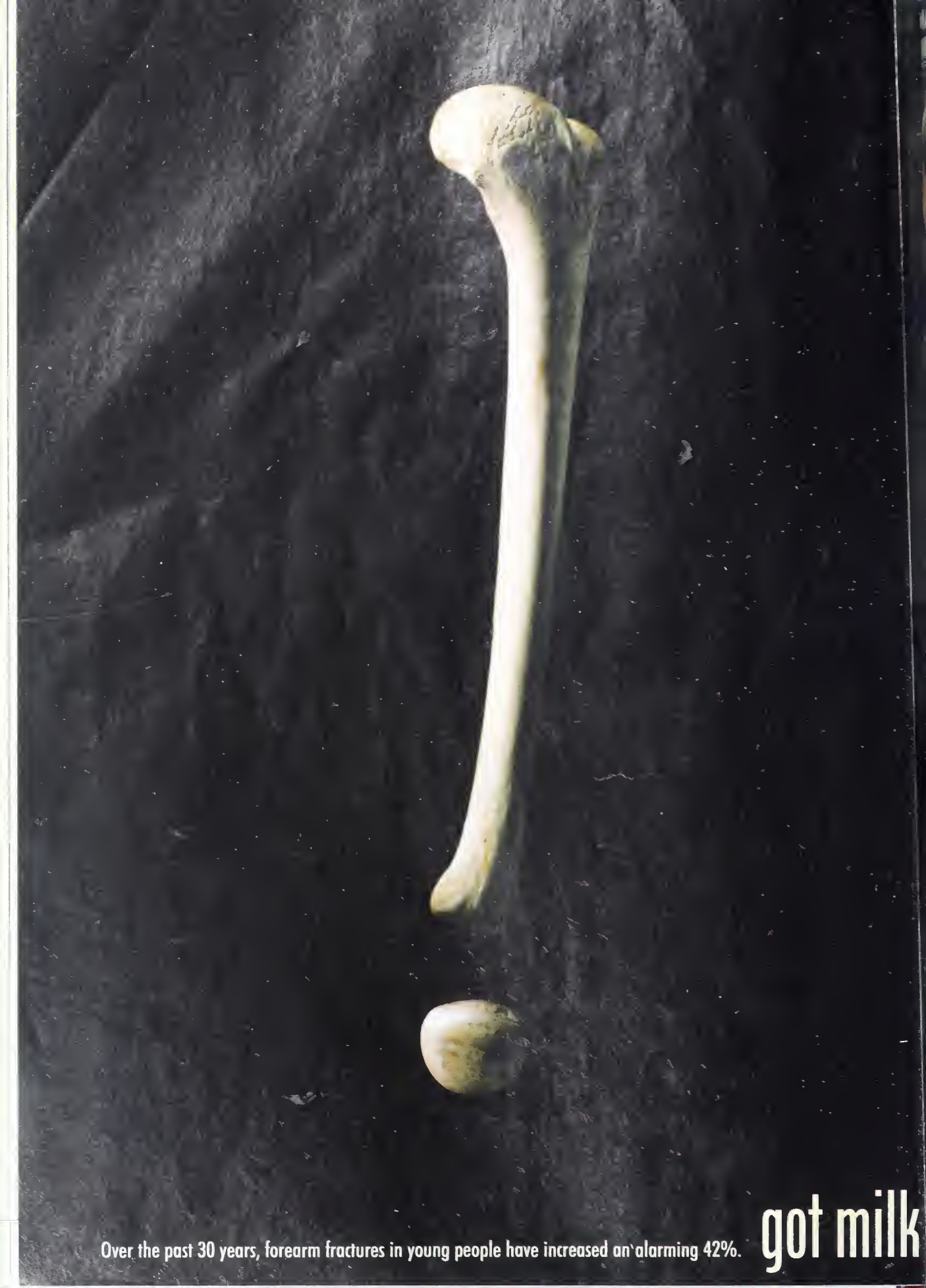
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Saving the Tiniest Newborns

Advances in medical technology are increasing the survival rates of the tiniest of premature babies. But that also results in a terrifying array of agonizing decisions for parents

BY LORI MILLER KASE

When Deborah Paulson's daughter, Sara, was born in 1999, she weighed barely more than a pound. During her precarious first week of life, Sara suffered a collapsed lung, pneumonia and jaundice and required several blood transfusions. The neonatologist gave the infant a 50-percent chance of survival. "We almost lost hope when we first saw Sara," recalls Paulson, 35, of Pearland, Texas, who gave birth at only 23 weeks because of a weakened cervix (a typical, full-term baby is 40 weeks). "She had transparent skin and toothpick thin bones and was lying in a tray with all these tubes and monitors connected to her. She was totally sedated on morphine, since too much movement or stimulation could cause bleeding in her brain. She didn't look real."

Some 11 percent of the babies born each year in the U.S. are premature, and babies such as Sara, born as early as the second trimester of pregnancy and hovering on the edge of viability, are making up a growing portion of the preemie population. Dubbed micropreemies, these fragile infants typically weigh less than a pound and a half, compared with about 7.5 pounds for the average full-term baby, and now account for 6,000, or .15 percent, of all premature births in the U.S. each year. Twenty years ago, babies born between 22 CONTINUED

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and 26 weeks' gestation were often left to die naturally. "Tradition would have called for prayers, for tears, for acceptance of death," writes John Lantos, M.D., in his book *The Lazarus Case: Life-and-Death Issues in Neonatal Intensive Care*. "But that is no longer our way." Today, if a newborn is not breathing, a tube is inserted down his throat, and machines breathe for him; if his tiny lungs are not mature enough to produce the natural substance that keeps the lung's air sacs from collapsing, a synthetic form of this liquid is administered.

But while advances in medical technology and neonatal care have led to dramatic improvements in survival for these earliest infants, this increased survival rate is often accompanied by chronic health problems that can persist for a lifetime. Complications can include cerebral palsy, lung disease, hearing loss, visual impairment and mental retardation or other learning disorders. "You're always going to have a fairly high risk of handicaps in the earliest babies, who are right on the edge of viability," explains Edward Bell, M.D., professor of pediatrics and director of neonatology at the University of Iowa College of Medicine, in Iowa City. "The difference is that those used to be 28-week babies, and now they're 23-week babies. Today the 28-week babies grow up to have very few problems related to prematurity." As the probability of survival is pushed earlier and earlier, the ethical questions surrounding the treatment of micropreemies become murkier. And the unwitting parents of these tiny charges are often called upon to make agonizing decisions that they never dreamed of in their darkest nightmares.

When Paulson was hospitalized 20 weeks into her first pregnancy, already dilated CONTINUED

"OUR BABIES WILL HAVE A BOND FOR LIFE"

Although Tracy Appiah and Jill Wiebell didn't know each other, they lived less than a mile apart, in neighboring suburbs of Columbus, Ohio. On November 14, 2002, they both gave birth 14 weeks early. Appiah's contractions were very mild, barely strong enough to wake her up; Wiebell, on the other hand, was in agony and her nightgown was spotted with blood. Her frightened husband, Bill, called the obstetrician, then rushed Wiebell to Riverside Methodist Hospital, where Appiah had checked in two weeks earlier.

Wiebell, a 37-year-old middle-school teacher and mother of a 2/ -year-old boy, was given an injection of steroids to speed up the fetus's lung development, then was put on intravenous magnesium sulfate, which relaxes the uterus. The contractions stopped and



Tracy Appiah (left, with Tazmin) and Jill Wiebell (with Jace) bonded when they both gave birth 14 weeks early on the same date in 2002

doctors were expected Wiebell to go to term, to have her stay in the hospital on total bed rest until she delivered. But soon the [illegible] returned, and Wiebell began hemorrhaging. Bill was [illegible] "I thought I was about to lose our baby, and my [illegible] recalls. After [illegible] and the baby was [illegible]

and her husband listened for a cry, but heard only silence. A team of doctors and nurses, working desperately to resuscitate the two-pound five-ounce boy, got him breathing, then whisked him off to neonatal intensive care while they treated Wiebell's hemorrhaging.

Three hours later, the new parents got their first good look at their son, who was hooked up to a ventilator, several monitors and an IV line. "I was in shock at how totally helpless he looked," says Wiebell. His eyes were fused shut, his skin was all wrinkly, and his head was the size of a peach. She and Bill agreed on a name—Jace. She CONTINUED

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one centimeter, doctors told her that she would go into labor before 24 weeks, the point at which they considered her baby viable. Even if she did, the baby would have serious medical problems, they said, and suggested she terminate the pregnancy. "Our first thought was absolutely no way; we wouldn't do that," says Paulson. "Then, when we did some research and considered all the problems, we thought maybe it wouldn't be right to bring such a baby into the world. We also discussed how it would impact our future if we had a baby who was deaf or blind or had cerebral palsy. It was a decision I wouldn't wish on my worst enemy."

After suffering over the decision for days, Paulson and her husband finally decided to "leave it in God's hands." Doctors warned that there was only a 10-percent chance the newborn would be breathing on her own. Asked if they wanted to consider a do-not-resuscitate order, the Paulsons chose to wait until the infant's birth to decide. Sara, it turned out, made the decision for them, emerging from the womb breathing and crying. Despite a rocky four months in the neonatal intensive care unit (NICU), Sara finally went home and now, at 5, has met all the normal developmental milestones.

But many families are not so fortunate. Sidney Miller was also a 23-week baby. When doctors told Mark and Karla Miller of Houston, Texas, that providing aggressive resuscitation to their infant not only would cause her pain but also almost certainly leave her with serious lifelong mental and physical disabilities, they opted for what is called "compassionate care"—that is, instead of availing themselves of the latest medical technology, doctors would provide only water and warmth to keep the newborn comfortable, and let nature take its course. But the hospital stepped in, declaring that because the infant's CONTINUED

prayed not to lose him. And, says Wiebell, "I kept asking myself, What did I do wrong? Why did he come so early?"

In at least half of all premature births, doctors are caught by surprise. In Wiebell's case, the problem was placental abruption—the placenta tears away from the uterine wall before delivery—despite the fact that she had no obvious risk factors, such as diabetes or high blood pressure. Premature births have also been linked to poor prenatal care, urinary tract or vaginal infections, and premature rupture of the membranes (PROM), when a pregnant woman's water breaks before 37 weeks.

That's what happened to Tracy Appiah, a 33-year-old marketing manager, on the morning of October 29, 2002, as she was getting ready for work. She rushed to Rutgers's high-risk maternal unit, where her doctor gave her grim news. "He said I'd probably give birth within the next 24 to 48 hours, but if I did, the baby, which was only 24 weeks, wasn't likely to survive," she says. Appiah was given steroid injections and magnesium sulfate, and doctors hoped she'd be able to hang on for eight to 10 weeks in the hospital until the baby, her first, could safely be delivered. As each day passed, Appiah grew more despondent. She blamed herself for the dangerous situation our baby was in, even though we all told her it was something that could happen to anyone," recalls her husband, Osei, a 36-year-old college professor. Appiah's race may have played a factor. Research shows that African-American women are not only twice as likely to deliver prematurely as white women are, but are also at higher risk for PROM, though the reasons aren't yet clear.

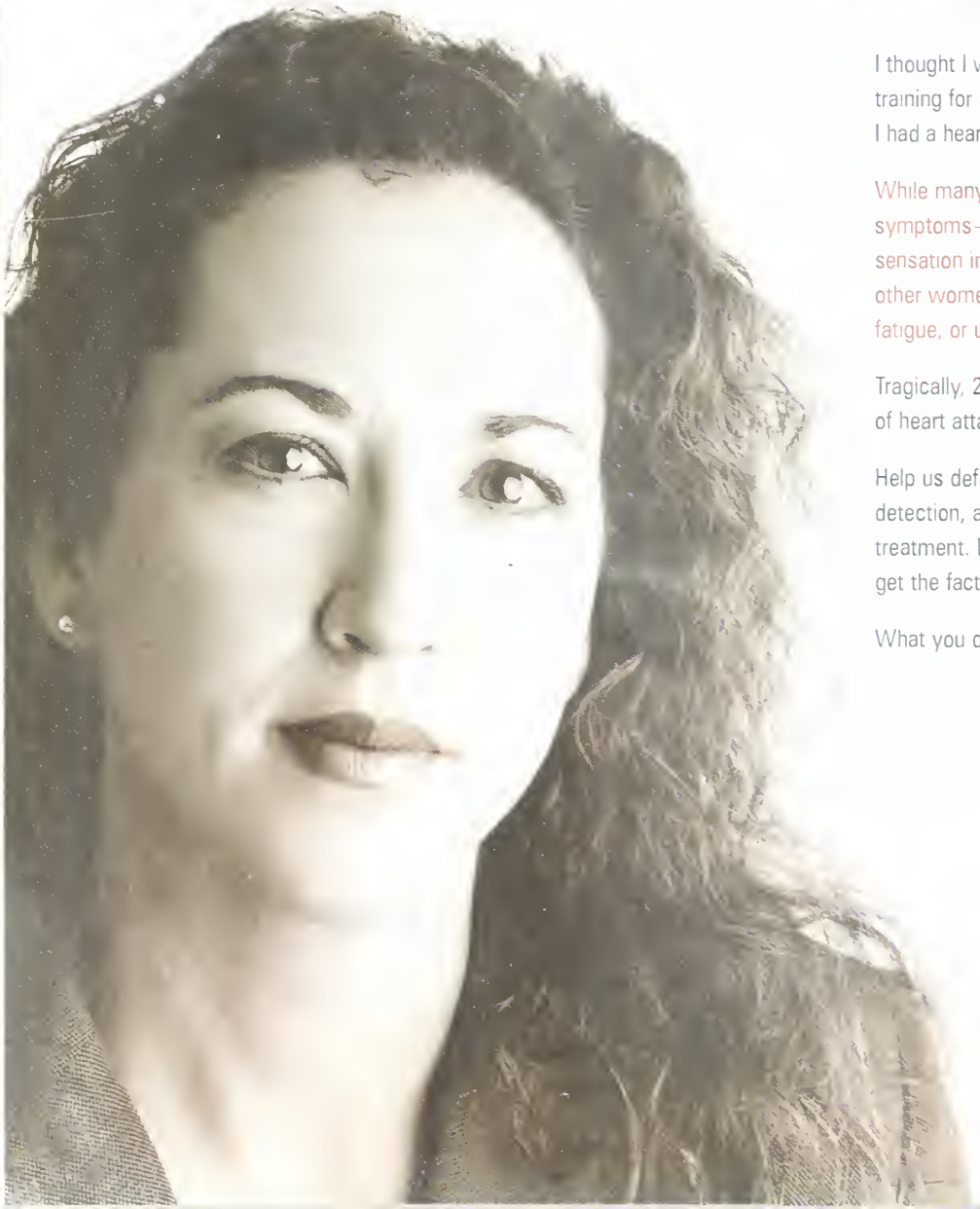
When Appiah's abdominal pain two weeks into her hospital stay, doctors weren't able to delay delivery, since the drugs used to quell contractions usually work only temporarily. Still, they can make a huge difference: Each day a 23- to 27-week-old fetus remains in the womb, its chances of survival increase by 3 percent, while the risk of complications decreases, according to a 2003 Swedish study. Shortly before midnight on November 14, Tazmin Appiah was born. Only one pound, 14 ounces, the baby fit in the palm of the doctor's hand but was reassuringly gorgeous. "As soon as she hit air, I heard a faint cry, then I saw her arms move," says Appiah. "It was overwhelming. She was only as big as a beanie baby, but this was our child." Tazmin was taken to the Neonatal Intensive Care Unit, where she was put on a breathing tube and placed in an incubator, right next to Jace. When the Wiebells visited their baby CONTINUED

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ndition wasn't certifiably terminal, olicy dictated that she be resuscitat-l. Sidney subsequently developed a rain hemorrhage, one of the most eaded complications of prematurity, hich left her with cerebral palsy, se-ere mental retardation and near indness. Today, at 14, Sidney cannot alk or talk and will require 24-hour are for the rest of her life.

Only 20 to 30 percent of babies born at 23 weeks' gestation ow survive to leave the NICU; about alf of 24-week-old babies survive. By 6 weeks, an infant's chances are as igh as 70 to 90 percent. But as the Millers' ordeal demonstrates, survival rates don't tell the whole story. Some micropreemies, like Sidney, end up needing lifelong care that has serious financial and emotional repercussions. Therein lies the problem facing neonatologists and the parents of extremely premature infants: Doctors never know for sure how a micropreemie will do.

"Unfortunately, you can't look at a baby and say, this one is going to develop cerebral palsy," says Ian Holzman, M.D., chief of newborn medicine at Mt. Sinai Hospital, in New York City. Instead, neonatologists must base their prognoses for preemies on research statistics and past experience. "I tell parents that [illegible] half the 23- to 27-week babies who go home from the NICU are normal long term," says Dr. Holzman. "A quarter of those who go home will have manageable deficits, such as hyperactivity, learning disabilities, behavior issues or moderate hearing or vision issues; and a quarter of the babies develop serious problems, such as cerebral palsy, mental retardation, blindness and deafness."

According to a 1999 editorial in *The Journal of the American Medical Association*, there is an emerging consensus that prolonged intensive care for extremely low-birth- CONTINUED ON PAGE 138

early the next morning, they introduced themselves to the Appiahs. "It was such a coincidence that Tracy and I had the same due date—February 20th—and delivered prematurely on the same day," says Wiebell. "Her husband was a teacher, just like Bill and me, and they lived just three minutes away from us. I couldn't believe it!"

The couples immediately bonded, and at first, their babies did well. After two days, Tazmin was taken off the ventilator; five days later, Jace was taken off life support. At three weeks, however, Tazmin developed apnea, a condition common to preemies that caused her to stop breathing briefly. Doctors soon discovered she had fluid in her lungs and put her back on the ventilator. Then one day, Tazmin turned deathly pale, her heart rate plummeted and she stopped breathing. After doctors revived her with CPR, tests showed she had a respiratory infection, which cleared up after 10 days on antibiotics. Jace, too, stopped breathing during his first month and had to be resuscitated; he had a number of spells in which his heart rate dropped dangerously low. "Tracy and I felt like the kids were having a contest to see who could scare us the most," says Wiebell. "Bells and buzzers were going off all the time. The nurses would run over and work on Jace, then Tazmin's alarm would go off and they'd all rush over to help her."

Constantly fearful, the couples did their best to comfort each other. For example, at Christmas, they draped a stocking over the babies' IV machines. Over the next few weeks, Jace's heart rate stabilized and he began to gain weight steadily. Tazmin remained skinny, but grew taller than Jace. Buoyed by their progress, Wiebell and Appiah decided that when their kids were high-school seniors, Jace would take Tazmin to the prom. By the time the babies were 2½ months old, they were doing well enough to go home.

Despite their perilous start, Jace and Tazmin beat the odds: They have no complications or cognitive damage and are expected to lead completely normal lives. Curious and outgoing, Tazmin has regular play dates with Jace, a good-natured boy with a radiant smile, and their parents talk on the phone almost every week. And since the families live in the same school district, their children will be together for years to come. "Our babies will have a bond for life," says Osei. "We look forward to the day when we can sit them down and tell them what their early struggles were like. Miracles do happen, and Tazmin and Jace are living proof."

—Lisa Collier Cool

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weight infants born at less than 22 weeks "is extrem unlikely to result in a life that could be construe being in the child's best interests." But who can det what's in a baby's best interests when it's unclear h severe future complications will be? Who is to ju which developmental and medical problems are sev enough to warrant *not* resuscitating a micropreem And where should neonatologists draw the line?

Unfortunately, the law doesn't offer doctors mu guidance. The 1982 case of "Baby Doe," an inf with Down syndrome and heart and esophageal e fects who died after the parents opted to forgo corr tive surgery, led to federal regulation stating tha withholding medically needed treatment was equiv lent to medical neglect. Exceptions were made, how er, for treatments that were considered "futile" a "inhumane." Both terms are subject to interpretatio "Sometimes, treatment can be a form of abuse an may not benefit the child," says Norman Fost, M.D., chair of the hospital ethics committee at the Univer ty of Wisconsin Medical School, in Madison.

Most decisions about micropreemies, howe er, are made quietly by the physicians an parents involved, sometimes with the help of an ins tution's ethics committee. Still, parents are forced confront painful moral issues at a moment when the are emotionally distraught. "Parents are not equipp to make these edge-of-viability decisions—we don have the experience," says Tom Suter, of Iowa Cit Iowa, whose son Andrew died in 1995 when he wa born at barely 22 weeks' gestation. "At the same tim these are decisions that affect our lives forever." Mira ulously, Andrew's twin sister, Amy, remained in uter for another three weeks before emerging. But thos weeks were agonizing for Suter and his wife, Anne "Tom and I ended up in a discussion with our doctor every single day about what age gestation we would a low them to take extraordinary measures once th baby was born," she recalls. Luckily, Amy, now 8, i slightly small for her age but healthy, and shows n neurological problems.

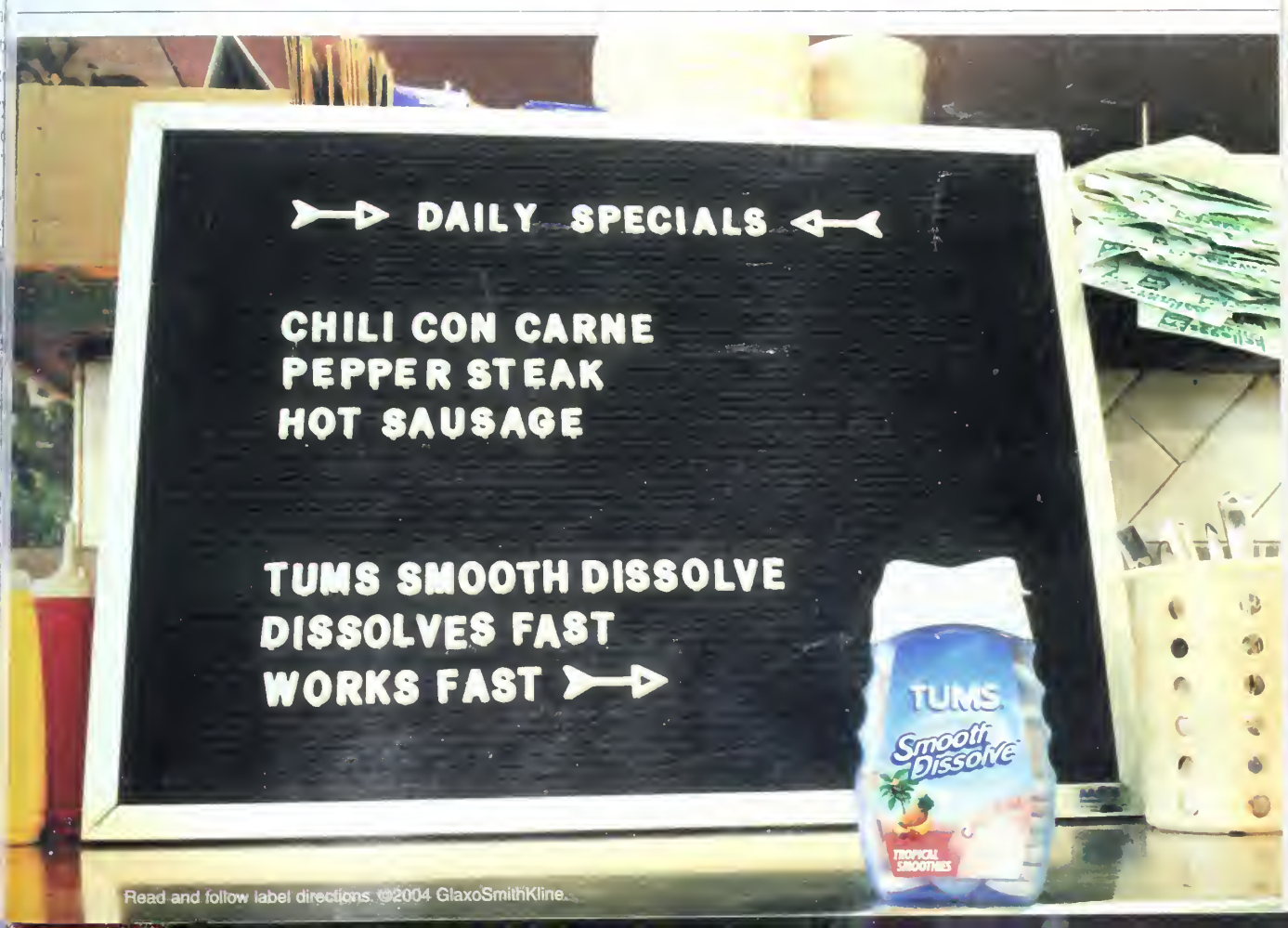
The Suters were fortunate that the hospital where Anne delivered Andrew had a relationship with a nearby university, and she was thus able to deliver Amy in a large research institution that routinely treat ed micropreemies. But how babies born before 26 weeks are handled varies from place to place. "People are surprised to hear that in one hospital a micro

reemie may be automatically treated nd in another hospital she may auto- natically *not* be treated, while a third ight ask the parents what they want) do," says Dr. Bell. "This isn't neces- arily wrong—it has to do with the ex erience and previous results in that articular hospital." In other words, octors at a hospital that has not treat- d many micropreemies or doesn't ave the necessary technological ex- ertise may decide rightly that they re not in a position to try to save a 23-week baby, particularly if a high ercentage of previous attempts have ed to low survival rates or produced abies with serious deficits.

Meanwhile, the threshold for via- ility appears to be stabilizing. With o big new technologies on the hori- zon, experts say researchers need to focus on ways to prevent premature births in the first place. Doctors are encouraged by recent studies show- ing that giving pregnant women the hormone progesterone may help re- duce their risk of premature delivery by as much as a third. The hormone may also reduce the risk of low birth weight, lung disease and other seri- ous complications of preterm birth. Research has also hinted that other drugs may help to reduce the devas- tating complications that plague ex- treme micropreemies. One such drug, magnesium sulfate, a medication of- ten given to women to prevent pre- mature labor, may reduce the risk of cerebral palsy and mental retarda- tion, but studies have been conflict- ing, and experts agree that other large trials under way should pro- duce more definite answers.

For now, however, there is little doc tors can do to prevent preterm deliv- ery. And with medical advances allowing them to save infants at earlier stages of gestation, the reality is that NICUs are caring for larger numbers of tinier and sicker babies. While mi- cropreemies have never had better prospects than they do today, many NICU graduates have significant chal- lenges ahead of them. For these babies and their families, medical technology can be a blessing and a curse.

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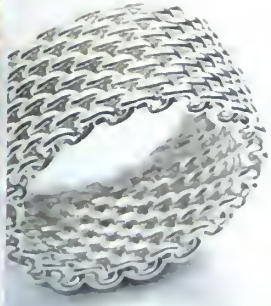
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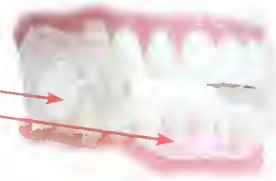
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Love Letters to My Sons

Mary Moynihan-Downes wrote her son a letter to record the details of his first day at preschool. Ten years, a second child and many milestones later, she's still at it

Our family's oldest ritual started nearly 10 years ago on the day my son Austin began nursery school. After I dropped him off that morning and gave him a hug, I was surprised at the strong feelings I had about my 3-year-old baby starting school. I called my husband, and he teased me lovingly, "If you feel like this now, how are you going to feel when he goes off to college?" I couldn't even begin to imagine, but it did get me thinking about how fast kids grow up and how easily precious memories fade. So I went home and wrote my son a letter. It was a record of the day—everything from the name of his new school, to what his outfit looked like, to how I was feeling when I dropped him off—all those small, seemingly insignificant details that I hoped would allow him and me both to relive our memories one day. From then on, I have recorded all the big events in Austin's life this way, as well as his younger brother's, from birthdays to First Communions to successfully run races. Each December, I also write a letter that sums up their experiences in the previous year, and the significant events that went on in the world. I've realized that I do this not only so they can know the story of their childhood, but so they can see how I felt as a parent—sentiments that I hope they'll connect with when they have children of their own. Austin is now 13 years old, and Henry is 11. Each has his own binder of letters, and many times we have all sat down and re-read them, invariably bringing tears to my eyes—and sparking loving laughter from my boys and husband. Writing these letters has taken so little time, but I believe it is one of the most important gifts I will leave my children.

MARY MOYNIHAN-DOWNES, TOLLAND, CONNECTICUT

Have a family ritual of your own you'd like to see featured here? Send your story to lhj.rituals@meredith.com. We'll pay $50 for any stories we publish.

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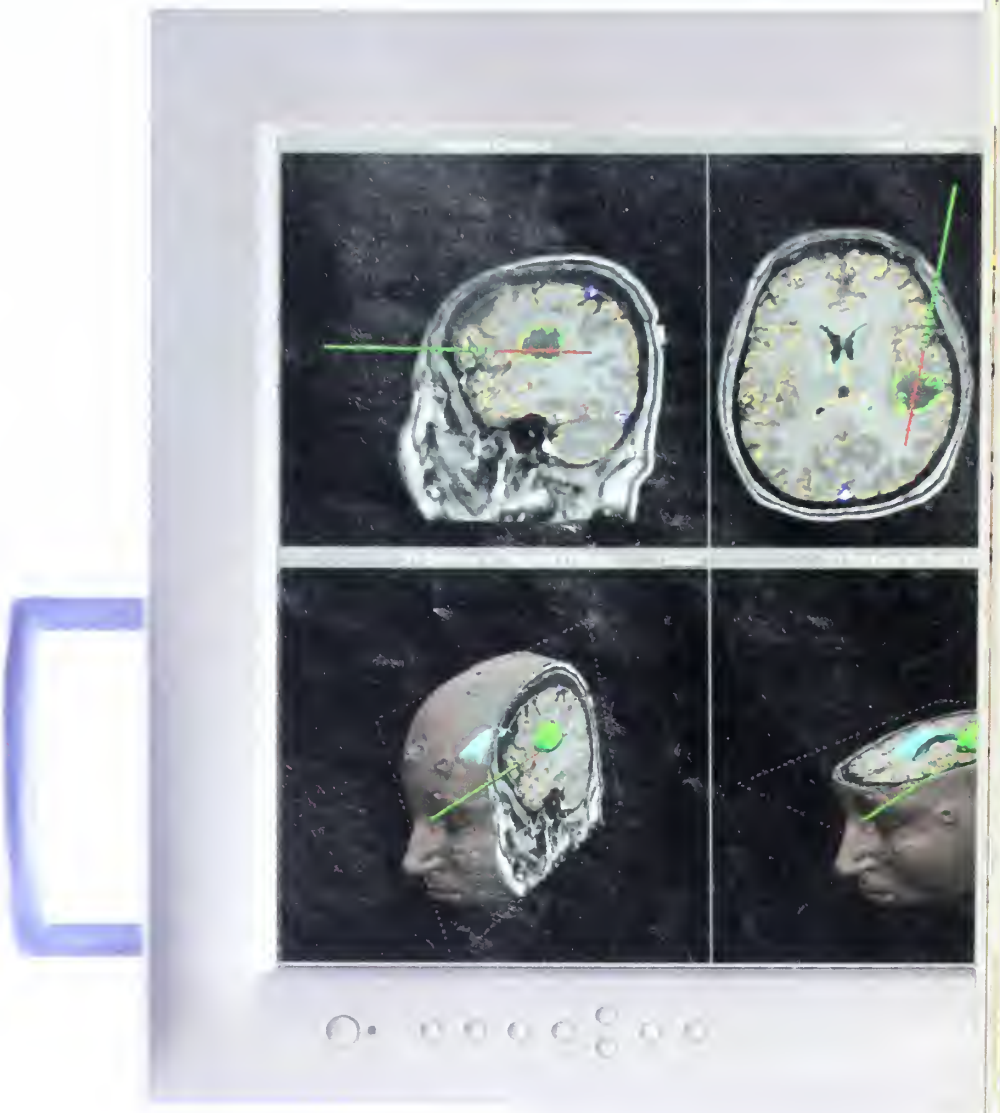
—Katey Sagal

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imagination at work



Nearly every surface o this cheerful dining roo is saturated with color. The coordinating chair seat and curtain fabric are green and blue checks, which play nice off the lime-green walls

Adding wall or accent color can make an overnight, low-cost, high-impact change in a room. And cozy colors will make your family long to linger

In Living Color

When embarking on a decorating project—whether it's choosing a paint color or an upholstery fabric—vibrant color is something people often assume is too risky. It's not a lack of love for color, but rather a fear of choosing the wrong hue. In the past, home-design companies have relied on a palette of soft sages, creamy yellows and neutral tones that are nearly foolproof. But these gentle pastels are becoming things of the past, and there's a color revolution happening today—in part due to the fact that paint companies have taken much of the guesswork out of creating color palettes. Paint lines are being organized into several decorating "personalities," and color-combination paint chips now make the mixing and matching easier. One thing is certain: CONTINUED

THE RIGHT PAINT FINISH

Most experts recommend using water-based latex paint on walls and trim, which makes for much easier cleanup than oil-based paints, and dries in about half the time. Use an eggshell finish, which has a slight sheen, for the walls. For trim (or walls in higher-traffic areas), go with a durable and easy-to-clean semigloss finish.



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Floral midnight blue wallpaper and navy check bedding instant bring an intimate, oasi like feeling to this roo Adjustable wooden blinds allow in just the right amount of sunlig

Adding strong color to your walls is the quickest way to transform any room into a cozy retreat or festive gathering space.

A few rules when choosing colors: Gather as many paint-chip colors as your eye is drawn to—some of the rejected hues may end up being the perfect shade for other accents in the room. Once you get home, gather all the existing elements of the furnishings (such as rug and fabric swatches) and lay them out with the paint chips to see that they all work together. For trim, it's safest to stick to white—it will tone down the overall color and create clean architectural lines.

Finally, paint a portion of wall and leave it for a day, noticing how the hue changes in different light. Then you'll know if it's a shade you can live with day in and day out. CONTINUED

WHAT COLOR IS YOUR MOOD

The ancient Egyptians believed that color had healing properties. Recent studies confirm that colors can in fact influence mood. Here, a quick guide.

Red: The most emotionally intense color, it revs up your nervous system

Yellow: Promotes a healthy sense of mental alertness

Green: Easy on the eye, it is calming and refreshing

Blue: Promotes tranquillity



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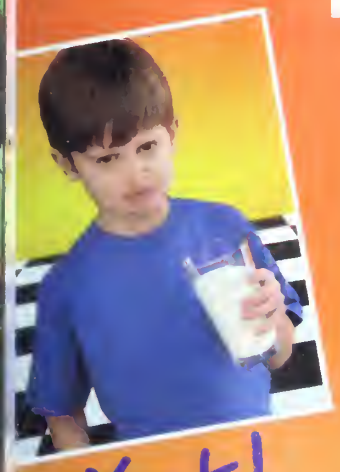






1 This dining room, with its vivid color scheme, is practically begging to host a festive dinner party. With deep-fuchsia walls, boldly striped orange, chartreuse and ruby-red floor-length curtains and extra-deep chair cushions fashioned from celery-green fabric and hot-pink piping, it's a space that inspires its inhabitants to celebrate. The room can handle this playful color palette because of its size and the generous amount of natural light that streams in through the oversize windows. For evening entertaining, dimmer lighting creates a more subdued look. **2** A coat of paint isn't the only way to bring color into a space, and beautifully—and easily—transform a room. Warmth is injected into this bedroom with floor-to-ceiling apple-green curtains made from a sheer fabric. Lining the walls, they create the feeling of a cozy cocoon around the bed. The fresh green hue is carried throughout the room in the bedding and wicker furniture. **3** This offbeat yet charming window-seat area is the ultimate lesson in mixing strong color and pattern. When sticking with a tight range of similar colors—in this case, various shades of lilac and violet—you can make bolder choices with your pattern fabrics. Here, purple walls are outlined with bright-white trim for a clean look. The simple Roman shades are jazzed up with a patterned fabric in the same hues. The subtler striped pattern covering the cushions below helps to balance out the space visually.

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1 This spacious sitting room is a great example of creating balance with color. Working with the room's architecture, the wainscoting is painted the traditional white, leaving just the upper third of the wall to hold the gutsy salmon hue. Wicker chairs with matching upholstery enhance the wall color without making the space feel too busy. The darker wood-latticed ceiling pattern is balanced by the sandy-hued sisal rug, giving the sunlit room a summery feeling. **2** Don't neglect your nooks! Color can easily be used to make a statement in smaller spots, too. The centered window in this small entryway allows plenty of natural sunlight in so the space doesn't feel dark, making it the perfect spot for a strong splash of color. This deep-pink shade, paired with the white woodwork, evokes the feeling of old summerhouses by the sea. **3** People often shy away from wallpaper, finding it daunting because of the time and expense required to apply it. For commitment phobics who still want to add color and texture to their rooms, wallpaper borders are the ideal compromise. This bedroom gets a touch of the serene outdoors from a border of sky and clouds applied just under the ceiling. Borders are especially ideal for kids' bedrooms because they can be changed almost effortlessly to suit your child's ever-evolving taste.

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(Clockwise from top left) Leighou watches David give Clarissa a push; helping Colten feed their pet rabbit; a quiet moment between husband and wife; the kids tackling a building project

A rare illness turned Mary Catherine Habeck-Leighou's life on its head. But thanks to Habitat, she hasn't lost her independence—or her optimism

BY JOHN MERTZ

In August 1999, Mary Catherine Habeck-Leighou, 38, seemed on the cusp of a promising new chapter in her life. Leighou and her husband, David, 46, along with their young children—2-year-old Clarissa and 4-month-old Colten—had spent the summer visiting friends and camping in the spectacular mountains of Colorado. The family had just moved from Tucson to Flagstaff, Arizona, where David planned to stay at home with the kids and finish his doctoral thesis in English literature while Leighou taught at a Montessori preschool. Active and athletic, she relished the idea of living in a place with four seasons after years in an arid, desert climate. "We'd just rented an apartment near these great bike paths, and it was only a two-mile ride to my school," says Leighou, who, at 5 feet 6 inches, kept her weight at a trim 125 pounds. "My expectations were totally high."

Four months into her new job, just after Christmas break, Leighou thought she'd get a jump on the new year and went to her classroom to take down the holiday decorations. While putting away one of her wooden crates, she got a sliver in the side of her hand. She promptly plucked out, wiped away the small dro blood and continued with her wo The following day, she felt fatig and had a touch of diarrhea. B since my family was just getting the flu, I simply assumed it was turn," she says. At the same time noticed a little pus where the spli went in. Just to be safe, Leighou t ed a nurse friend who probed fo maining slivers, applied an antise and seeing nothing wrong. Leighou on her way. But two day er, she had severe muscle a throughout her body and a temp ture of 105 degrees; equally alarm she couldn't think clearly and wa weak she could barely get out of When David escorted her to a emergency room, "it was the last I would walk," says Leighou.

Upon admission, a nurse soon ognized Leighou's symptoms as t of a rare, flesh-eating CONTIN

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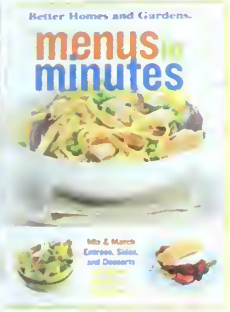
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At Whirlpool, we donate a refrigerator and a range to every Habitat home. And this summer, we're sponsoring Reba McEntire's Habitat for Humanity concert tour. We'd like you to join us. Together, we can eliminate poverty housing. Here's what you can do to help:



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infection known as necrotizing fasciitis (NF). Usually caused by group A streptococcus, a common bacterium that also causes strep throat, scarlet fever and other illnesses, NF can result when the organism is introduced through a cut or puncture wound into the body, where it may rapidly destroy subcutaneous tissue, muscle and vital organs. (Among an estimated 1,000 cases in the U.S. per year, 30 percent are fatal.)

Immediately airlifted to the Arizona Burn Center at the Maricopa Medical Center in Phoenix, Leighou battled for her life as doctors administered intravenous antibiotics. Black spots were spreading over her legs, and doctors quickly cut away the infected tissue there and on her arms and abdomen. "When an anesthesiologist told me Mary Catherine would not survive the night, I was crying," David recalls. Leighou did survive, but she no longer had enough flesh and muscle to support her left leg, which had to be amputated just below the hip; the next day, doctors removed the right one as well. "The hardest moment," says David, "was when she came out of the operating room and the sheet was flat where her legs should have been."

After nearly six weeks in intensive care, when antibiotics had eliminated the bacteria and doctors had removed all infected tissue, Leighou was moved to the regular burn unit. Though grateful to be alive, Leighou was absolutely devastated by the loss of her legs. She found physical therapy grueling and discouraging: So little of her legs remained that prosthetics were not an option, and because so much flesh had been removed from her abdomen and arms, using a manual wheelchair proved exhausting. What sustained her, says Leighou, was her beloved family. Clarissa and Colten, who had stayed with a friend in Flagstaff, came to Phoenix and visited. When they weren't at the hospital, Mom took comfort in large photos of them that her brother, Mark, had put up on her wall. "I felt like they were my little angels watching over me," says Leighou, adding that their long separation broke her heart. Finally, seven months after arriving at Maricopa, the family moved back to Tucson.

> "I've always been an upbeat person. That's why I'm still here"

Because Leighou had been the primary breadwinner, the family struggled to get by on her disability payments and the money David earned teaching composition classes as an adjunct professor at Pima Community College in Tucson. Since finding a home equipped for the disabled seemed out of the question, they rented a small two-bedroom house, where the only accommodation was a makeshift wheelchair ramp installed by the landlord. "The cabinets weren't made for someone in a wheelchair, so I was always working above my head," says Leighou. "I couldn't see what I was doing, and an avalanche of stuff was always falling on me."

At their friends' urging, the couple applied to Habitat in the fall of 2000 and were approved three months later. A handicap-equipped house quickly became available, but it was 18 miles from the children's school in east Tucson; though torn, they declined the offer and began looking for a lot of their own that Habitat could build on. Meanwhile, Leighou worked in the local Habitat office, and David did carpentry to help fulfill their 400 hours of sweat equity. Two long years later, they found a site, and in July 2003 the family moved into their three-bedroom house with a properly constructed entrance ramp, wider doors, low light switches, cabinets and windows, a raised toilet, and bathroom and kitchen sinks she can use while sitting in her wheelchair. "My husband and kids were happy to have our first house," says Leighou, "but for me it was the biggest relief because it made my life easier."

She has also been able to reclaim a few pleasures—including swimming, volunteer teaching weekly at her old school, and camping with her family (she sleeps in a van, equipped with a wheelchair lift, donated by one of David's colleagues). And she is enjoying some new ones as well, such as watching Clarissa, now 7, and Colten, 5, climb the tree in the backyard and play with their pet rabbit. Between her disability payments and David's salary, the couple can manage their $420 monthly mortgage and his outstanding college-loan payments, but not much else. "We're almost in the red at the end of the month, but somehow we always get by," says Leighou. After all she's been through, her optimism has never failed her. "I certainly have my moments, but I've always been an upbeat person," she explains. "That's why I'm still here."

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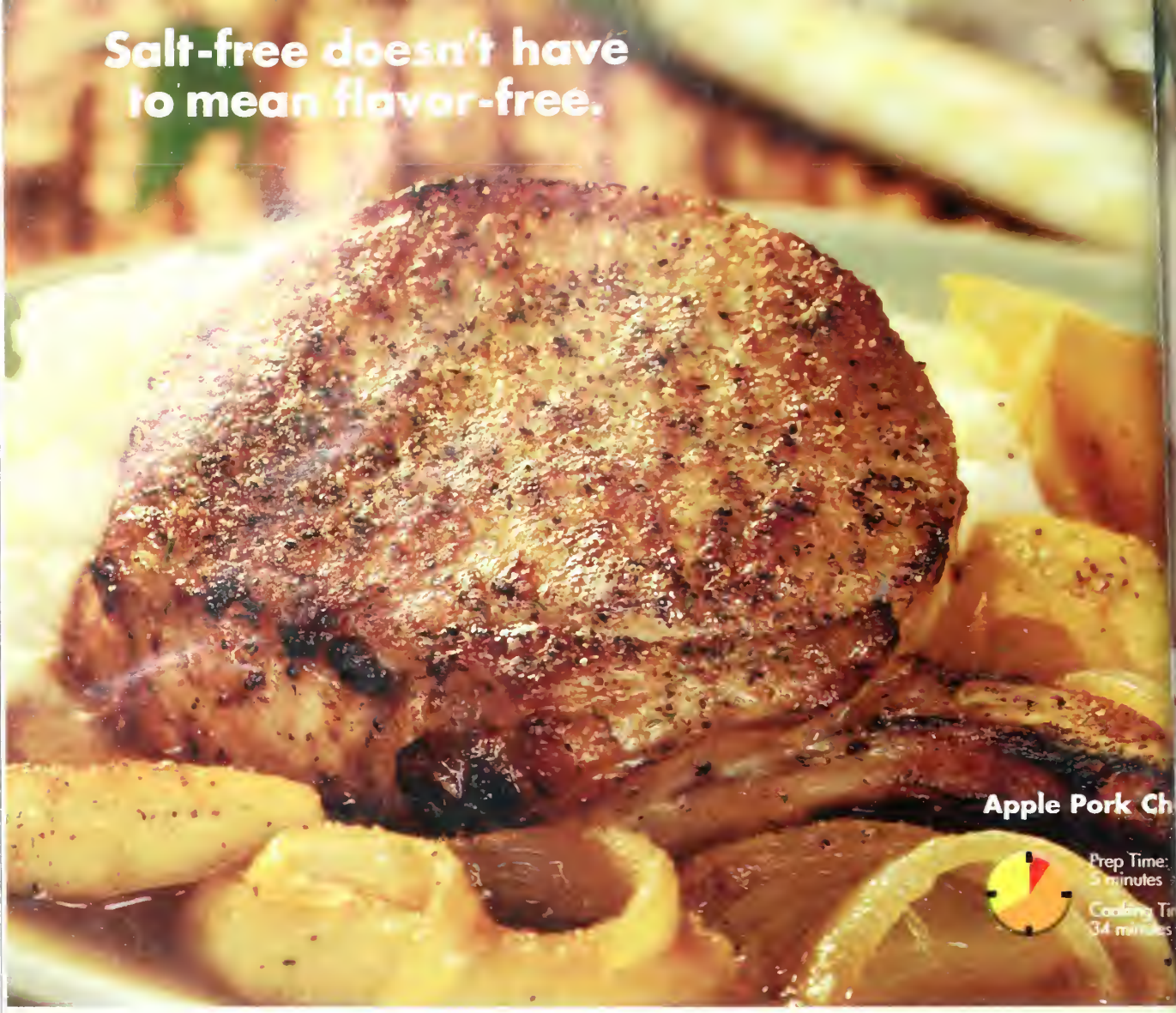
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APPLE PORK CHOPS

Heat 1 Tbls. [illegible] large [illegible] over medium heat. Sprinkle both sides of [illegible] pork chops with Mrs. Dash Table Blend. Add pork chops to skillet; brown for 2 minutes. Turn. Sprinkle with [illegible]; add apples and cook 2 minutes. Add apple juice to skillet; cover, simmer for 25 minutes or until internal temperature of 140°F. Remove pork chops, cover and keep warm. Add apples to skillet. Cook 5 minutes. Serve chops garnished with apples.



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Anti-Aging Breakthrough

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"Who would have thought a stretch mark reducer would turn out to be the anti-wrinkle breakthrough of the decade!"

a remarkable turn of events, arguably one of the strangest in the history of cosmetics,

cross the country are putting a stretch-mark emulsion called StriVectin-SD on their face to ine lines, wrinkles and crows' feet. And, if con- es are any indication of a product's effectiveness, -SD is nothing short of a miracle. Women (as well ving number of "Boomer" men) are buying so iVectin-SD that finding a tube at your local counter has become just about impossible. Has gone mad? Well... not really.

ific Breakthrough or Dumb Luck?

gh StriVectin-SD was already backed by clinical umenting its ability to visibly reduce the depth, liscoloration and roughness of existing stretch ne success of StriVectin-SD as an anti-wrinkle as "dumb luck," says Gina Gay, spokesperson for :ker, StriVectin-SD's exclusive distributor.

ı we first handed out samples of the StriVectin o employees and customers as part of our market the sample tubes were simply marked 'topical ith the lot number underneath," Ms. Gay explains. samples were passed to friends and family, the became a little muddled and some people used cal cream' as a facial moisturizer. As we began to eedback from users, like 'I look 10 years younger' crows' feet are gone,' we knew we had something an America's most effective stretch-mark reducer. nt was driven home as store owners began ; that almost as many people were purchasing n as an anti-wrinkle cream as were buying it to stretch marks."

Daniel B. Mowrey, Klein-Becker's Director of c Affairs, says, "Clearly, people were seeing results, didn't have a scientific explanation as to why nkle-reduction was occurring. However, based incredibly positive reports, I started using it – applying StriVectin to my face after shaving." vrey adds, "On a personal note, my wife tells me t looked this good in years."

Dumb Luck Strikes Again!

Then, on Tuesday, July 2, 2002, at a meeting of the 20th World Congress of Dermatology in Paris, France, a series of studies detailing the superior wrinkle-reducing properties of a patented oligo-peptide (called Pal-KTTKS) versus retinol, vitamin C, and placebo, on "photo-aged skin" was presented. "As luck would have it," Dr. Mowrey states, "the wrinkle-reducing oligo-peptide tested in the breakthrough clinical trials turned out to be a key ingredient in the StriVectin cream."

In the trials, subjects applied the patented peptide solution to the crows' feet area on one side of the face, and a cream containing either retinol, vitamin C, or a placebo to the other side.

Subjects in the Pal-KTTKS/retinol study applied the cream once a day for 2 months and then twice a day for the next 2 months. Using special image analysis, the study's authors reported "significant improvement" in wrinkle depth, length, wrinkle volume, and skin roughness for those women using the peptide solution.

Better yet, at the 2-month halfway point, the peptide solution thickened skin nearly 1.5 times faster than retinol, and without the inflammation retinol often causes in sensitive skin. As was expected, the results of the remaining studies confirmed that the Pal-KTTKS solution's effectiveness at reducing the appearance of fine lines and wrinkles far exceeded both vitamin C and placebo.

A smoother, younger complexion, less irritation, fewer wrinkles, and faster results — all without expensive (and painful) peels, implants or injections.

Better than Retinol and Vitamin C, But is StriVectin-SD Better than Botox™?

Dr. Nathalie Chevreau, Director of Women's Health at Salt Lake City based Basic Research, exclusive distributor for Klein-Becker, explains, "Many researchers believe less invasive cosmetic alternatives are better than Botox [sometimes referred to as Botox Cosmetic]. That's because topical creams and gels offer gradual, continual results, while the effects of injections, facial peels, and dermabrasions wear off... in fact, you'll never look better than you do shortly after the inflammation and redness subside. Not one bit better."

"Furthermore," Dr. Chevreau continues, "Botox has been approved by the FDA for an extremely limited use — the tiny little space of deep furrows between the eyebrows (called glabellar lines) — and can cause side effects such as 'headache, temporary eyelid droop, and nausea.' While StriVectin was not designed to eliminate the deep glabellar lines targeted by Botox, the proprietary StriVectin complex has been shown to significantly reduce the appearance of fine lines and facial wrinkles (including crows' feet) that can add 10-15 years to your appearance... the type of fine lines and wrinkles Botox treatments leave behind."

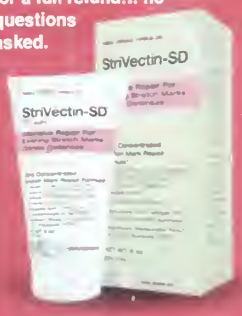
In other words, StriVectin-SD helps give you a youthful, healthy, glowing complexion faster than retinol, far superior to vitamin C, and without irritation, needles, or surgery.

So, if you see someone applying an anti-stretch mark cream to their face, don't think they've gone off the deep end... they may be smarter than you think.

Having a hard time finding StriVectin-SD®?

If you've been searching for StriVectin-SD, you already know it's become almost impossible to find. Don't bother with Neiman Marcus, they don't have it... Your best bets are SEPHORA shops, PARISIAN, Lord & Taylor, bloomingdales or Saks 5th Avenue (they always try to keep it in stock) or, believe it or not, the pregnancy section of your local GNC or high-end supplement retailer. To be absolutely sure, you can order StriVectin-SD directly from Klein-Becker at: 1-800-524-7322 or order online at www.StriVectin.com.

Since StriVectin-SD was designed as a stretch-mark reducing formula, it comes in a large, 6-ounce tube. At $135.00, StriVectin-SD is not cheap... but when used as a wrinkle-remover, one tube will last approximately six months. By the way, StriVectin-SD is backed by Klein-Becker's money-back guarantee. If StriVectin-SD doesn't make your skin look younger, healthier, and more vibrant, simply return the unused portion within 30 days for a full refund... no questions asked.



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How to Outwit a Food Craving



Food cravings come on suddenly and are tough to resist. Before you know it, you're ripping open a bag of chips or inhaling a pint of double chocolate fudge ice cream. But researchers who study cravings know that the urges last only five to 10 minutes, a short enough time to just ride them out—if you have the right tools. Experts call this "urge surfing." "Urges are like waves," explains psychologist Kelly Brownell, Ph.D., director of the Yale Center for Eating and Weight Disorders, in New Haven, Connecticut. They start out small, gain in strength, crest and then subside. "By staying strong through the peak, you can sometimes outlast it," he adds. Here, some strategies to help you:

• **TACKLE THE EMOTIONS BEHIND YOUR FOOD FRENZIES.** Stress, depression, anxiety, loneliness and anger can all trigger a craving. "Often when a person's emotional equilibrium gets thrown off, eating becomes a way to cope," says Dr. Brownell. If your food urges are linked to certain emotions, try to get at the heart of what's bothering you. Research shows that writing it down can help. If you have iron willpower, doing yoga, deep breathing or meditation can help you relax and stay in control. If you don't, try something that's comforting and indulgent without being fattening, such as playing a silly game with your kids or browsing your favorite shopping Web site (but leave the credit cards in another room).

• **DEVELOP AN ANTI-URGE STRATEGY** and activate it as soon as a craving strikes. Since it's not easy to predict when a craving will occur, "people aren't prepared to handle one," says Dr. Brownell. Ideally, your anti-urge tactics should involve using your hands, so you can't eat: Tend to your garden, work on your scrapbook, give yourself a manicure or do whatever distracts you till the craving passes.

• **THINK ALTERNATIVE FOODS.** If you lust for chocolate doughnuts before your period or potato chips after a bad day, be sure you have a healthier food on hand, such as nonfat chocolate yogurt, sugar-free hot-chocolate mix, fruit or nuts. "Eating something else that's healthier may take the edge off your craving," Dr. Brownell says.

• **TRY TO FIGURE OUT WHY YOU HAVE THE CRAVING.** If you always long for a cream-filled glazed doughnut at 11 A.M., maybe you need a more substantial breakfast than a muffin (something with fiber or protein will keep you feeling full). If you have banished meat from your diet and suddenly salivate whenever you pass the meat section at your supermarket, your body could be telling you that you need more iron. —*Catherine Winters*

HOW HEALTHY ARE YOU?

Sugar, Calories & A Healthy Lifestyle

In America, overweight and obesity rates are at all-time highs and it seems that a new diet is introduced almost weekly. People are looking for the best ways to eat to lose weight and more importantly, maintain a healthy lifestyle.

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- **SET PERSONAL HEALTH GOALS!**
  Whether your focus is on weight loss, strengthening your body or improving overall health—consult your doctor and together form reachable goals to improve your quality of life.





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Does Your Child Need a Flu Shot?

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The Reason You Get Dizzy When You Stand Up

You bend over to adjust your shoe and when you stand back up, you feel woozy. What's going on? You may be experiencing lightheadedness, or orthostatic hypotension, a sudden drop in blood pressure. Why does it happen? When you quickly change positions from sitting or lying to standing, gravity forces blood to pool temporarily in your leg veins, limiting the amount that reaches the heart and brain. Fortunately, the nervous system quickly kicks in, narrowing blood vessels to keep blood pumping and restore normal pressure. The solution? Try squatting instead of bending, or taking your time rising in the morning. "Most of us aren't meant to leap out of bed firefighter-style," says Paola Sandroni, M.D., assistant professor of neurology at the Mayo Clinic, in Rochester, Minnesota. But if the problem persists, you may need to consult a neurologist. —*C.W.*

Your Sex Life

Q: I'm 42 years old and my sex drive has taken a nosedive. What's happening to me?



DR. LAURA BERMAN: Remember that a woman's main sexual organ is her brain. For women more than for men, relationship factors, stress and emotional needs can all have a negative impact on libido and sexual function. That said, you can't rule out the possibility of physical factors playing a role, especially since you could be in perimenopause. This typically occurs in a woman's late 30s to 40s, when her estrogen and testosterone levels start to wane. Among others, symptoms can include vaginal dryness and low libido.

One up-and-coming treatment for perimenopausal symptoms is bioidentical hormone therapy, which involves using natural hormones identical to the ones your body makes in the lowest effective dose. These custom-made creams, which are applied vaginally, include some combination of testosterone, progesterone and up to three different types of estrogen. Insufficient data exist thus far to support the long-term safety of this form of therapy, but some experts believe that bioidentical hormone therapy is safe and effective at relieving the sexual side effects of perimenopause and beyond. There are also topical estrogen creams for vaginal dryness and products such as Vagifem, suppositories that deliver the hormone while only minimally entering the bloodstream. Both of these are available with a doctor's prescription. Also, a new testosterone patch for women is currently being tested and looks promising for treating low libido caused by hormone deficiency. Even genital-blood-flow enhancers such as Viagra may help some women with medically based arousal problems.

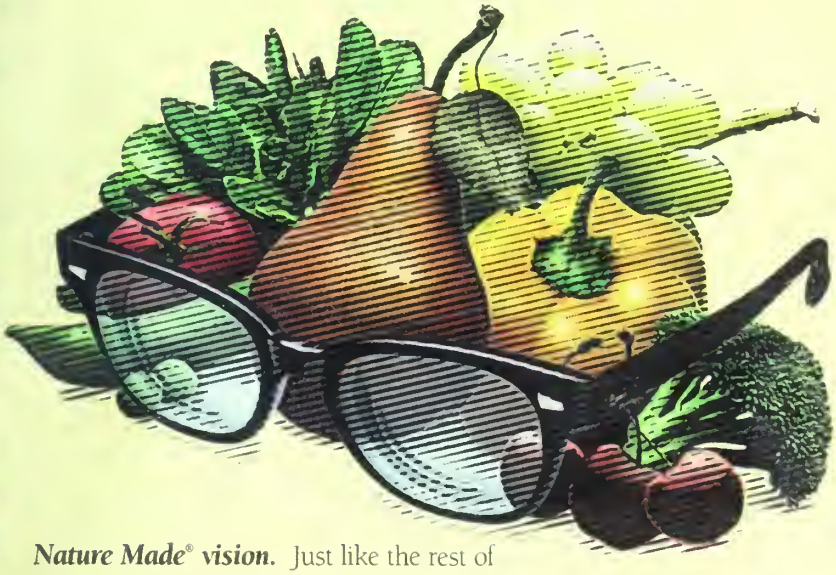
Laura Berman, Ph.D., a clinical assistant professor of OB-GYN and psychiatry at the Feinberg School of Medicine at Northwestern University, also directs the Berman Center in Chicago, a facility dedicated to helping women and their partners achieve their maximum sexual potential.

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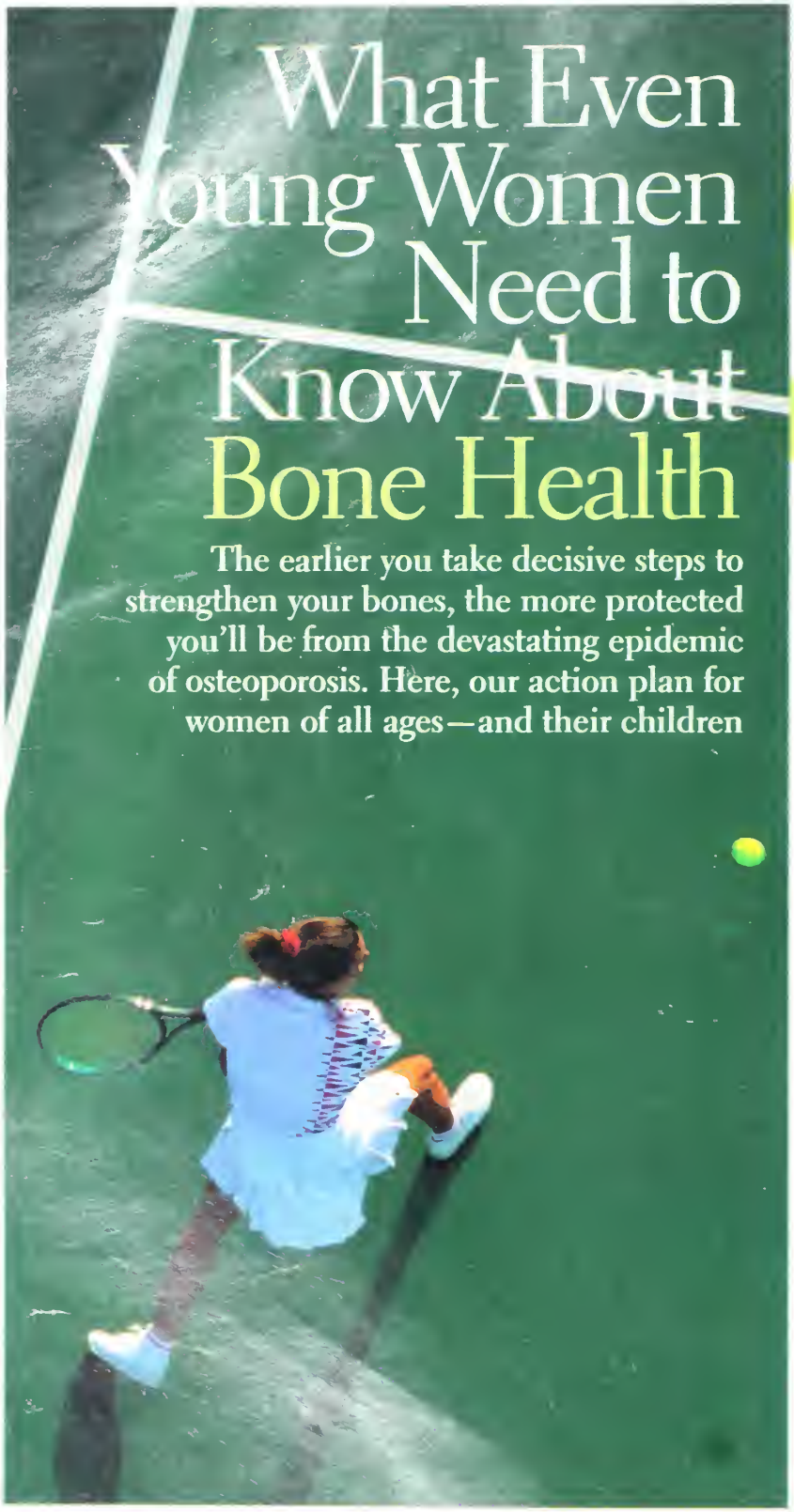


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03/04

What Even Young Women Need to Know About Bone Health

The earlier you take decisive steps to strengthen your bones, the more protected you'll be from the devastating epidemic of osteoporosis. Here, our action plan for women of all ages—and their children



BY LISA COLLIER COOL

Suzanne May was gliding down a s slope in 1999 when two skiers b hind her collided, then crashed in her at high speed. Her right leg w broken, but the then-47-year-old a sumed she'd "spend six weeks in cast and be fine." Instead, doctors di covered that her bone was shattere so severely that she'd require thre operations. For more than a yea May, a stay-at-home mom fro Matthews, North Carolina, neede crutches to go short distances and wheelchair for longer trips.

It wasn't until 2002, however, tha she learned her problems were due t more than just bad luck. As part of free screening for osteoporosis tha her gym was offering, May put he foot into an ultrasound machine t measure the thickness of her hee bone. The technician's response shocked her: "She said that my den sity was so low I should go straigh to a doctor." Further testing confirmed that May had osteoporosis, a debilitating condition that occurs when bones become thinner and more porous over the years. (On X rays, these depleted bones often appear so full of holes that they resemble a sea sponge.) This steady weakening increases the likelihood of fractures, which in turn can result in chronic pain, disfigurement and disability.

May was stunned by the diagnosis. Yet she had several risk factors: Along with a family history of osteoporosis (her mother also suffers from it), May was petite and had had irregular periods in her 30s followed by early menopause. And she had been a smoker, although she had quit 12 years earlier. CONTINUED ON PAGE 172



TODAY, THERE'S HELP TO STOP FURTHER JOINT DAMAGE AND RELIEVE THE PAIN OF RHEUMATOID ARTHRITIS

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also reports of serious infusion reactions with hives, difficulty breathing, and low blood pressure. In clinical studies, some people ced the following common side effects: respiratory infections (that may include sinus infections and sore throat), coughing, and pain or mild reactions to infusion such as rash or itchy skin. (Please read important product information on the reverse side.)

by IV. One dose every 8 weeks after the first 3 doses.

-888-844-5786 today for a free information package
ask your rheumatologist if REMICADE is right for you.

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Rx Only
REMICADE® (infliximab)

Patient Information Sheet
You should read th[illegible]formation sheet before you start using REMICADE (pronounced rem-eh-kaid) and before each time you are scheduled to receive REMICADE. This information sheet does not take the place of talking with your doctor. You and your doctor should talk about your health and how you are feeling before you start taking REMICADE, while you are taking it and at regular checkups. If you do not understand any of the information in this sheet, you should ask your doctor to explain what it means.

What is REMICADE?
REMICADE is a medicine that is used to treat adults with moderately-to-severely active rheumatoid arthritis and Crohn's disease. Your doctor has decided to treat you with REMICADE because your disease is still active even though you have tried other treatments.

How does REMICADE work?
The medicine REMICADE is a type of protein that recognizes, attaches to and blocks the action of a substance in your body called tumor necrosis factor. Tumor necrosis factor (TNF) is made by certain blood cells in your body. REMICADE will not cure rheumatoid arthritis or Crohn's disease, but blocking TNF with REMICADE may reduce the inflammation caused by too much TNF in your body. You should also know that REMICADE may help you feel better but can also cause serious side effects and can reduce your body's ability to fight infections (see below).

What should I know about the immune system, and taking REMICADE for Rheumatoid Arthritis or Crohn's Disease?
The immune system protects the body by responding to "invaders" like bacteria, viruses and other foreign matter that enter your body by producing antibodies and putting them into action to fight off the "invaders." In diseases like rheumatoid arthritis and Crohn's disease, your body's immune system produces too much TNF. Too much TNF can cause your immune system to attack healthy tissues in your body and cause inflammation. If this condition is left untreated, it can cause permanent damage to the body's bones, cartilage and tissue.

While taking REMICADE can block the TNF that causes inflammation, it can also lower your body's ability to fight infections. So, taking REMICADE can make you more prone to getting infections or it can make an infection that you already have worse. You should call your doctor right away if you think you have an infection.

What important information should I know about treatment with REMICADE?
REMICADE, like other medicines that affect your immune system, is a strong medicine that can cause serious side effects. Possible serious side effects include:

Serious Infections
- Some patients have had serious infections while receiving REMICADE. Some of the patients have died from these infections. Serious infections include TB (tuberculosis) and infections caused by viruses, fungi or bacteria that have spread throughout the body. If you develop a fever, feel very tired, have a cough, or have flu-like symptoms, these could be signs that you may be getting an infection. If you have any of these symptoms while you are taking or after you have taken REMICADE, you should tell your doctor right away.

Heart Failure
- If you have been told that you have a heart problem called congestive heart failure and you are currently being treated with REMICADE, you will need to be closely monitored by your doctor. If you develop new or worse symptoms that are related to your heart condition, such as shortness of breath or swelling of your ankles or feet, you must contact your doctor immediately.

Allergic Reactions
- Some patients may have [illegible] reactions to REMICADE. These reactions can happen while you are getting REMICADE, or soon afterwards. The symptoms of an allergic reaction may include: raised, itchy patches of skin, difficulty breathing, chest pain, [illegible] pressure. Your doctor may decide to stop REMICADE treatment if you have an allergic reaction.

- Some patients with [illegible] disease have had allergic reactions 3 to 12 days after receiving a [illegible] treatment. The symptoms of this type of delayed reaction may include: [illegible] joint pain. Call your doctor right away if you develop [illegible] any other unusual symptoms such as difficulty swallowing.

Nervous System Disorders
- There have been rare cases where patients have developed disorders that affected their nervous system. Symptoms that you may be having a problem include: changes in your vision, weakness in your legs, and numbness or tingling in any part of your body.

Other Important Information
People who have been treated for rheumatoid arthritis or Crohn's disease for a long time tend to be more prone to a type of blood cancer called lymphoma. There have been a few patients that while taking REMICADE developed other types of cancer, but, this is not common. If people taking REMICADE that developed cancer does not seem to be much different than what you would expect to see in people who are not taking REMICADE.

Some patients have developed symptoms that can resemble a disease called lupus. These symptoms may include: chest discomfort or pain that doesn't go away, shortness of breath, joint pain, or a rash on the cheeks or arms that gets worse in the sun. If you stop any of these symptoms, your doctor may decide to stop your treatment with REMICADE.

What are the more common side effects of REMICADE?
The more common side effects with REMICADE are respiratory infections, which include sinus infections and sore throat, coughing and stomach pain.

Who should not take REMICADE?
YOU SHOULD NOT take REMICADE if you have:
- Heart failure, unless your doctor has talked to you and decided that you are able to receive REMICADE.
- Had an allergic reaction to REMICADE or any other product that was made with mouse proteins.

What health concerns should I talk to my doctor about?
Before receiving your first treatment with REMICADE, you should tell your doctor if you:
- Have or think you may have any kind of infection. The infection could be in a place in your body (such as an open cut or sore), or an infection that affects your whole body (such as the flu). Having an infection could put you at risk for serious side effects from REMICADE.
- Have an infection that won't go away or a history of infection that keeps coming back.
- Have had TB (tuberculosis), or if you have recently been with anyone who may have TB. Your doctor will examine you for TB and perform a skin test. If your doctor thinks you are at risk for TB, he or she may start treating you for TB before you start REMICADE therapy.
- Have lived in or visited an area of the country where an infection called histoplasmosis or coccidioidomycosis (an infection caused by a fungus that affects the lungs) is common. If you don't know if the area you live in is one where histoplasmosis or coccidioidomycosis is common, ask your doctor.
- Have or have previously had heart failure or other heart conditions.
- Have or have had a condition that affects your nervous system, like multiple sclerosis or Guillain-Barré syndrome, or if you experience any numbness, or tingling, or a seizure.
- Are pregnant or nursing.
- Have recently received or are scheduled to receive a vaccine.

Can I take REMICADE while I am on other medicines?
Tell your doctor if you are taking any other medicines including over the counter medicines, supplements or herbal products before you are treated with REMICADE. If you start or plan to start taking any new medicine while you are taking REMICADE, tell your doctor.

REMICADE and KINERET should not be taken together.

How will REMICADE be given to me?
REMICADE will be given to you by a healthcare professional. REMICADE will be given to you by an IV. This means that the medicine will be given to you through a needle placed in a vein in your arm. It will take about 2 hours to give you the full dose of medicine. You will be watched closely during that time and for a period after you receive REMICADE, you will be monitored by a healthcare professional. Your doctor may ask you to take other medicines along with REMICADE.

Only a healthcare professional should prepare the medicine and administer it to you.

How often will I receive REMICADE?
Rheumatoid Arthritis
If you are receiving REMICADE for rheumatoid arthritis, you will receive your first dose followed by additional doses at 2 and 6 weeks after the first dose. You will then receive one every 8 weeks. Your doctor will monitor your response to REMICADE and may change your dose or dose you more frequently (as often as every 4 weeks).

Crohn's Disease or Fistulizing Crohn's Disease
If you are receiving REMICADE for active Crohn's disease or fistulizing Crohn's disease, you will receive your first dose followed by additional doses at 2 and 6 weeks after the first dose. You will then receive a dose every 8 weeks. Your doctor will monitor your response to REMICADE and may change your dose.

What if I still have questions?
If you have any questions, or problems, always talk first with your doctor. You can also visit the REMICADE internet site at www.remicade.com

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Revised March 2004

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"Get Back to Feeling Sexually Healthy ... Today!"



h i it May Concern:

w ıg to thank you for the wonderful effect your product, C ERM Connection has had on my marriage.

u and and I have 3 children and life... is hectic to say the least. ol I love my husband very much, our feelings toward each t ve gone from passionate to "compassionate". Intimacy is cer- t a term we're very familiar with these days. We both seem run down at the end of the day, that neither of us have the get started". I was even concerned that one of us, or both for ter, were beginning to suffer from some form of sexual dys-

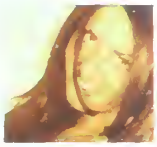
ed to take the matter into my own hands and do some n. I found that mild forms of sexual dysfunction, such as a lack of desire and can be easily helped by introducing new and safe methods of stimulation to the ship. When I found your MAXODERM Connection on the web, I knew that I found ver. Your site explained how your TOPICAL formula goes to work instantly upon ion to expand vessels and capillaries, allowing for increased blood flow. This ation" effect, as you describe it on your site, is supposed to drastically increase tion and sensation. Although, I was not sure what my husband would think, I decid- ive it a try.

Increase in sensation was an understatement. First, since it is applied topically, l more fun than we've had in years, just going through the application process. he fireworks really started. Not only was the effect exhilarating for me, but my hus elt "stronger" than he'd felt in years. To top things off, we actually finished on a ote" together. In fact, since that first time with MAXODERM Connection, I've had igh notes" than I've had my whole life! We literally feel like we're newlyweds again. o had some of my single friends at the gym try it – they can't thank me enough!

ar so much these days about herbal pills that claim to do this and claim to do that. dn't want to just take a pill. We wanted something that was not only going to ce our arousal and desire, but also bring something fun to the bedroom. We found your product and now we're not going to lose it again. I have to say I've never felt XUALLY HEALTHY in my life!

you for making a product that's had such an impact on the BOTH of us.

Son
M.
, TX



"Not only was the effect exhilarating for me, but my husband felt 'stronger' than he'd felt in years."



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ove is based on an actual letter from one of our valued customers.
al results may vary. These statements have not been evaluated by the FDA. This product is not intended to diagnose, treat, cure, or prevent any disease.

Know Your Bone Risk

Last year researchers discovered that variations in a particular gene can tr osteoporosis r sk. Roche Diagnostics is develop ng a screening test that should be avai able by 2005. If you break a bone after age 50, consider it a warning sign that you may have bone disease. Here, a list of factors that ca put you at high risk.

- [illegible]
- [illegible]
- Lack of exercise
- [illegible] smoking
- [illegible] alcohol consumption (more than 2 drinks a day)
- A diet deficient in calcium and vitamin D
- Being thin or small-boned
- Estrogen deficiency owing to irregular periods or early menopause
- Having taken drugs for diseases including rheumatoid arthritis, asthma, underactive thyroid, cancer, seizure disorders or gastrointestinal problems, which may have bone-damaging side effects

Ten million Americans over 50 have been stricken with osteoporosis, 80 percent of them women. Another 34 million adults have abnormally low bone density, which will likely develop into full-blown osteoporosis over time. And the numbers are rising sharply: The National Osteoporosis Foundation (NOF), in Washington, D.C., projects that by 2020, 61 million Americans will be affected by it—a 35-percent jump from today. That's largely due to the aging of the population, since osteoporosis is most commonly seen in people over 50. Women are at greater risk than men, both because they have smaller frames and because menopause accelerates bone loss.

Yet contrary to popular perception, osteoporosis is not just your grandmother's—or mother's—health threat. "The symptoms of osteoporosis show up when you're older," acknowledges Lisa R. Callahan, M.D., medical director of the Women's Sports Medicine Center at the Hospital for Special Surgery, in New York City, "but the disease frequently begins in your youth."

That doesn't mean it's inevitable, though. Although genetic factors predispose some women more than others, many cases can be prevented with simple lifestyle changes, says Ethel Siris, M.D., director of the Toni Stabile Osteoporosis Center at New York–Presbyterian Hospital/Columbia, in New York City. "It's never too soon to pay attention to your bones," says Dr. Siris, "or too late."

While every woman can benefit from improving her bone health, younger women have the most to gain. Until menopause, CONTINU

AN EASY TEST YOU NEED TO HAVE

Osteoporosis can feel like a silent disease, until it makes itself known. It's symptomless until it has gotten so severe that a sudden strain, bump or fall snaps a bone or collapses a vertebra. Because of this, doctors advise all postmenopausal women with one or more risk factors to get a bone-density test. Women age 65 and older should also be checked, even if they have no risk factors other than age.

There are several ways to check bone-mineral density (BMD). The gold standard is the DXA (dual-energy X-ray absorptiometry) test, which doctors consider the best way to make a definitive diagnosis of bone problems. During this test, you lie on your back with your legs resting on a large block while the X-ray machine moves over your body to measure the thickness of your spine or hips.

Peripheral DXA and SXA (single-energy X-ray absorptiometry) use smaller X-ray machines to measure density of bones in your forearm, finger and sometimes heel. Another technique, ultrasound, uses sound waves to measure bones in the heel, shin and kneecap. Such devices are often used at health fairs or other screening programs. But if a problem is detected, you'll need to go to a doctor for a DXA test to confirm the findings and analyze your bones in more detail. Your doctor will tell you whether your test-score results indicate that you have osteoporosis or osteopenia, the medical term for low bone mass that hasn't reached the point of osteoporosis. There's controversy about what to do if you are in this category, says Dr. Siris. "Not every woman with osteopenia needs treatment, but medication can definitely be beneficial." Her research shows that most broken bones occur in women with osteopenia—not those with full-blown osteoporosis—largely because many more women fall into that category.



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Drink a Beer for Your Bones?

Calcium may not be the only mineral that helps strengthen bones. [illegible] bone-mineral density (BMD) in premenopausal [illegible] According to a 2004 study in the *Journal of Bone and Mineral Research*, calcium + silicon potentially promotes bone [illegible] Jonathan Powell, Ph.D., chair in medicine at [illegible] It appears to promote bone formation and may [illegible] And whey's the best-absorbed source of this plant-based mineral? Take according to a 2004 study in the *British Journal of Nutrition*, a 12-ounce bottle of beer contains 7 mg of silicon. Although there is no recommended daily intake for silicon, research showed the [illegible] participants who had more than 40 mg per day. Since [illegible] controlled that those health risks look for other sources of silicon, such as whole grains and cereals, some fruits and vegetables [illegible] and string beans), and unfiltered drinking water.

our bodies replace about 20 percent of the spongy tissue of our bones each year. In a process called "remodeling," sections of old bones break down, leaving spaces to be filled by new bone. During our teens and early 20s, we add bone faster than it can be broken down. Making the right moves at this age, such as exercising and getting enough calcium, will help your skeleton reach its predetermined peak strength. Think of it as a bank account: The more you deposit when you're young, the more reserves you'll have to draw on when you really need them.

By 30, your skeleton has reached maximum thickness. And taking good care of your bone health can keep the building up/breaking down ratio in your favor through your 40s. As menopause approaches, however, the balance starts to tip, as the rate of breaking down exceeds the rate of building, resulting in a net loss of bone. Once menstruation stops altogether, bone loss speeds up dramatically: In the five to seven years after menopause, women's bones may lose as much as 20 percent of their density and even more with time.

Healthy Bones at Every Age

YOUR AGE	WHAT YOU CAN DO FOR YOUR BONES
20 to 29	Although your skeleton reaches up to 90 percent of its density by the time you're 18, bones continue to develop through your mid 20s. Getting adequate calcium from your diet and/or a supplement, avoiding smoking and excessive alcohol consumption, and exercising regularly will help you reach the maximum density your genes allow. Even at this young age, however, eating disorders can erode bones, giving you another reason to get treated if you have anorexia or bulimia.
30 to 39	By 30, your bones have reached their peak density and strength. The same tactics that build up bones in your 20s will help maintain them now. It's also important to talk to your doctor if you have irregular periods, since this may signal a below-normal estrogen level. Highly athletic women or very thin women may stop menstruating, which also may cause bone loss.
40 to 55	Bone density starts to decline in the early 40s, then drops sharply after menopause, due to waning estrogen. Most hormone replacement therapy is no longer advised, however, to protect bones after periods stop. Exercise regularly to keep bones strong. After age 50, increase calcium to at least 1,200 mg a day.
56+	During the five to seven years after menopause, women can lose up to 20 percent of their bone density. Studies show, however, that even at this stage vigorous exercise can lower the risk of bone loss in postmenopausal women. You should get at least 1,200 mg of calcium a day. Also, you should talk to your doctor about getting a bone-density test to see if you need treatment.

THE ESTROGEN EFFECT

Before menopause, a steady supply of estrogen helps keep our bones healthy. But even young women may be at risk if they have irregular periods or fertility problems. "These are signs that you're not producing enough estrogen, which can lead to lower than normal bone mass for your age," says Felicia Cosman, M.D., clinical director of the NOF and medical director of the Clinical Research Center at Helen Hayes Hospital, in West Haverstraw, New York. Menstrual problems can result from a variety of causes, including eating disorders, an extremely athletic lifestyle, too little body fat and stress. Talk to your gynecologist, who may prescribe birth control pills to provide extra estrogen.

At menopause, of course, estrogen levels plummet, which is why bone loss accelerates at this time. Men have markedly lower rates of osteoporosis, in part because they don't experience menopause and their estrogen levels remain fairly steady throughout their lives. Indeed, says Dr. Callahan, a 55-year-old CONTINUED

2 hour meeting.
1 hour bladder.



DETROL LA can help control those frequent, sudden urges.

get anything done without a bathroom break? You may have a medical condition called overactive der. You're not alone. More than 33 million people have it.[1] But there's help—DETROL LA. k your doctor about DETROL LA. It's easier than living with the constant interruptions.

should not take once-daily DETROL LA if you have certain types of stomach, urinary, or glaucoma lems. DETROL LA is generally well tolerated. The most common side effect is dry mouth. Other side ts may include headache, constipation, and abdominal pain.

Do you have overactive bladder?

- I have frequent, strong, sudden urges to urinate.
- I often go more than 8 times in 24 hours, including more than twice at night.
- I'm afraid of having wetting or leaking accidents.

If any of these statements describe you, see your doctor.

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se see important product information on next page.

ce: IMS Health National Prescription Audit (NPA), based on total prescriptions in August 2003.
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ALTANA

DETROL® LA
tolterodine tartrate extended release

This summary contains important information about DETROL LA. It is not meant to take the place of discussions with your doctor and it cannot replace your doctor's advice. Only your doctor can assess the benefits and risks to determine if DETROL LA is right for you. Talk to your doctor or pharmacist or other prescribing healthcare professional if you have questions about any of this information or if you want to know more about DETROL LA.

What are DETROL® LA Capsules used for?
DETROL LA Capsules are used to treat overactive bladder. Patients with overactive bladder symptoms (urinary urgency (a strong need to urinate), frequent urinations during the day, and urge incontinence (accidental loss of urine associated with a strong urge to urinate).

What is an overactive bladder?
An overactive bladder is a condition of the bladder muscle that causes

How does DETROL® LA work
DETROL LA blocks

What will DETROL® LA do for me?
In a study, DETROL LA reduced the number of urinations and episodes of urge incontinence compared with placebo (sugar pill).

Who should not use DETROL® LA?
DETROL LA should not be used by patients who:
- are unable to empty the bladder
- have severely delayed emptying of the stomach
- have uncontrolled narrow angle glaucoma
- have a history of an unusual or allergic reaction to DETROL LA

What are the precautions associated with use of DETROL® LA?
DETROL LA should be used with caution by patients with any of the following conditions: significant bladder outflow blockage (slow urinary stream) because of the risk of urinary retention; gastrointestinal blockage disorders such as pyloric stenosis (a narrowing of the opening where the stomach empties into the small intestine) because of the risk of gastric retention; narrow-angle glaucoma that is being treated; and liver or kidney disease. For patients with liver disease or kidney disease the recommended dose is 2 mg daily. Medicines like DETROL LA may cause blurred vision. See also, **"Can I take DETROL LA while taking other medicines?"** (below). It is not known whether taking DETROL LA will affect the results of laboratory tests you may undergo for other reasons. In special studies conducted in animals and/or test tubes, the active ingredient in DETROL LA did not cause an increase in tumors, genetic changes, or changes in fertility.

Can I take DETROL® LA if I am pregnant or nursing?
DETROL LA has not been studied in pregnant women. Therefore, DETROL LA should be used during pregnancy only if the potential benefit for the mother justifies the potential risk for the unborn baby. It is not known whether the active ingredient in DETROL LA passes into human milk. Therefore mothers who breast-feed should stop taking DETROL LA until they are no longer nursing.

Can DETROL® LA be used by children?
DETROL LA has not been studied in children.

Can DETROL® LA be used by elderly patients?
No differences were seen in safety between older and younger patients taking DETROL LA in clinical studies.

Can I take DETROL® LA while taking other medicines?
As with all prescription medicines, before you take DETROL LA, it is important for your healthcare professional to know if you are taking any other medicines. Be sure to mention those that you can buy without a prescription, especially cough cold medicines, which may also affect urination. For patients taking certain medicines (like erythromycin, Biaxin® clarithromycin) Sporanox® [itraconazole], Nizoral® [ketoconazole], Neoral® and Sandimmune® [cyclosporine], Velban® [vinblastine] and miconazole, the recommended dose of DETROL LA is 2 mg daily.

What are the most common side effects of DETROL® LA?
In [illegible] the most common side effect during [illegible] treatment with DETROL LA reported by [illegible] of [illegible] were [illegible] effects related to [illegible] DETROL LA [illegible] constipation, and [illegible]

What other side effects have been reported?
[illegible] patients treated with DETROL [illegible] have had [illegible] indigestion, [illegible] palpitations.

How should I take DETROL® LA?
[illegible] DETROL LA should be taken [illegible] The dose may be [illegible] with [illegible] like erythromycin, Biaxin® [illegible] Sandimmune® [illegible] dose of DETROL LA [illegible]

Rx only
US Patent No. [illegible]

Manufactured for
Pharmacia & [illegible]
Kalamazoo, MI 49001 [illegible]

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CB-[illegible]S

man may have more estrogen than a 55-year old woman.

Hormone replacement therapy (HRT) used to be the standard treatment for osteoporosis, since it thickens bones and slows the rate of loss. But since 2002, when the Women's Health Initiative, a long-running study of 160,000 women, linked HRT to a slightly increased risk of heart attack, breast cancer, stroke and blood clots, doctors have sought other solutions. "We now have very good medications to prevent and treat osteoporosis that have fewer side effects than HRT," says Dr. Cosman.

If you smoke, here's another reason to ditch the habit: Some studies suggest that smokers absorb calcium less efficiently than nonsmokers and that they also produce less estrogen. That can lead to earlier menopause—and a higher rate of bone breakdown after periods stop. But here's some good news: "If you stop smoking now, whatever your age," says Dr. Cosman, "your risk of osteoporosis will decrease dramatically over the next five years." You

The Calcium Connection

"Your bones are like a house," explains Robert P. Heaney, M.D., professor of medicine at Creighton University, in Omaha, Nebraska, and an expert on osteoporosis. "If holes are constantly being cut in the walls to move doors and windows around, eventually the structure gets so weak that it cracks or collapses." This damaging effect can be neutralized, though, by getting enough calcium. But only 50 to 60 percent of adults get the recommended daily dose of 1,000 mg, according to the National Institutes of Health.

"I believe in food first to ensure good bone health," says Lisa R. Callahan, M.D., medical director of the Women's Sports Medicine Center at the Hospital for Special Surgery in New York City. To make sure you're getting adequate calcium, aim for three to four servings a day of calcium-rich foods, such as low-fat dairy products, calcium-fortified juices, sardines or salmon with bones, and dark green vegetables such as kale and collard greens. To help your body absorb calcium, you also need 400 to 800 IU of vitamin D, a nutrient we get from sunlight and that's also found in fortified dairy products, egg yolks and fish-liver oil.

But since most women don't get enough calcium from food alone, Dr. Callahan says supplements can make up some of the difference. "Women should aim for a 300- to 400-mg serving of calcium at least twice a day. Then they can take a 500-mg supplement after a meal." Dr. Callahan says either calcium citrate or calcium carbonate is fine for women under 50, but women over 50 absorb calcium citrate better. You can't absorb more than 500 mg of calcium at a time, "so don't do it all at once," she says. Calcium supplements can react with some drugs, so check with a doctor or pharmacist if you're using other medications. Some women may experience gas or constipation after starting on a calcium supplement. If drinking more water and increasing fiber don't help, then switch to a different formula.

hance your bone health
avoid heavy drinking,
is linked to estrogen defi-
, irregular periods and
oss before menopause.

VE IT OR LOSE

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denser and stronger. Yet
geon general's workshop
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has osteoporosis should
begin a new exercise pro-
without first being evalu-
by a doctor.

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If continued their usual

CONTINUED ON PAGE 182

IF YOU HAVE DIABETES, PLEASE LEARN THESE SCIENTIFIC TERMS:

strawberries 'n cream
chocolate
berry
almond
peanut butter
fudge brownie
French vanilla

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From smooth, creamy shakes to rich, chewy bars, ChoiceDM® makes snacks that make your mouth water.

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Choose Choice. And live a delicious life.™


5'4"
5'3"
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Oh no! I've lost an inch.

But I've found a way to fight osteoporosis with Actonel.



Wait a minute. Did you lose something? Like maybe an inch or so of height? You're not the only one. After menopause, shrinking can be a sign of osteoporosis, the result of tiny fractures over time.

Little by little, osteoporosis can make your bones weak and brittle, even if you take calcium every day.

That's how fractures can happen!



But Actonel once-a-week helps protect your bones from osteoporosis. It won't get back your lost inch. But it will help you fight fracture.

How do your bones measure up? Get more information at Actonel.com and *ask your doctor if Actonel is right for you.*

Actonel is a prescription medication to treat and prevent postmenopausal osteoporosis. Some risk factors for osteoporosis include Caucasian or Asian race, family history, small frame or smoking.

You should not take Actonel if you have low blood calcium, have severe kidney disease, or cannot sit or stand for 30 minutes. Stop taking Actonel and tell your doctor if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Side effects are generally mild or moderate and may include back or joint pain, stomach pain or upset, or constipation. Follow dosing instructions carefully.

Please see important information about Actonel on the following page.

Help fight fracture. **Actonel®** (risedronate sodium tablets)

ACTONEL® (AK-toh-nel)
Tablets Patient Information

ACTONEL (risedronate sodium tablets) 5 mg and
ACTONEL (risedronate sodium tablets) 35 mg for Osteoporosis

Read this information carefully before you start taking this medicine. Read the information you get each time you get more medicine. There may be new information. This information does not take the place of talking with your healthcare provider about your medical condition or treatment. If you have any questions about ACTONEL, ask your healthcare provider.

What is the most important information I should know about ACTONEL?

ACTONEL can cause problems in your stomach and esophagus. Esophagus connects the mouth to the stomach and helps to move food. Problems may include esophagitis, dysphagia, heartburn, esophageal ulcers. See "What are the possible side effects of ACTONEL?"

You must follow the instructions exactly for ACTONEL to work and to lower the chance of serious side effects (see "How should I take ACTONEL?").

What is ACTONEL?

ACTONEL is a prescription medicine used:

- to prevent and treat osteoporosis in postmenopausal women (see "What is osteoporosis?").
- to prevent and treat osteoporosis in men and women that is caused by treatment with steroid medicines such as prednisone.
- to treat Paget's disease of bone (osteitis deformans). The treatment for Paget's disease is very different than for osteoporosis and uses a different type of ACTONEL. This leaflet does not cover using ACTONEL for Paget's disease. If you have Paget's disease, ask your healthcare provider how to use ACTONEL.

ACTONEL may reverse bone loss by stopping more loss of bone and increasing bone mass in most people who take it, even though they won't be able to see or feel a difference. ACTONEL helps lower the risk of breaking bones (fractures). Your healthcare provider may measure the thickness (density) of your bones or do other tests to check your progress.

See the end of this leaflet for information about osteoporosis.

Who should not take ACTONEL?

Do not take ACTONEL if you:

- have low blood calcium (hypocalcemia).
- cannot sit or stand up for 30 minutes.
- have kidneys that work poorly.
- [illegible] an allergy to ACTONEL. The active ingredient in ACTONEL is risedronate sodium. See the end of this leaflet for a list of the ingredients in ACTONEL.

Tell your doctor before using ACTONEL if:

- [illegible] ACTONEL. Use [illegible]
- [illegible] ACTONEL. You [illegible]
- [illegible] Like ACTONEL.
- [illegible]

How should I take ACTONEL?

The following instructions are for both ACTONEL 5 mg (daily) and ACTONEL 35 mg (Once-a-Week).

- Take ACTONEL [illegible] anything except plain water.
- Take ACTONEL with [illegible]
- Take ACTONEL with [illegible] water. Do **not** take ACTONEL with [illegible] water. Do not take it with [illegible] dairy drinks.
- [illegible] ACTONEL [illegible]
- [illegible] ACTONEL [illegible]

BEFORE

- [illegible]
- [illegible]
- [illegible] ACTONEL.

- Keep [illegible] provider's [illegible]
- For ACTONEL [illegible] osteoporosis [illegible] as the [illegible] 2 years.
- Your healthcare [illegible] ACTONEL [illegible] osteoporosis [illegible]

What is my ACTONEL schedule?

If your doctor has prescribed **ACTONEL 5 mg daily (a yellow tablet)**:

- Take 1 ACTONEL [illegible] day.
- If you forget to take your ACTONEL 5 mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL tablet the next morning and then [illegible] usual schedule of 1 tablet [illegible] day. Do **not** take 2 tablets in the same day.

If your doctor has prescribed **ACTONEL 35 mg Once-a-Week (an orange tablet)**:

- Choose 1 day of the week that you will remember and that best fits your schedule to take your ACTONEL 35 mg. Every week, take 1 ACTONEL 35-mg tablet in the morning on your chosen day.
- If you forget to take your ACTONEL 35 mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 35 mg tablet the next morning and continue your usual schedule of 1 tablet on your chosen day of the week. Do **not** take 2 tablets on the same day.

What should I avoid while taking ACTONEL?

- Do not eat food or drink anything except water before you take ACTONEL and for at least 30 minutes after you take it.
- Do not [illegible] for at least 30 minutes after you take ACTONEL.
- Foods and some vitamin supplements and medicines can stop your body from absorbing (using) ACTONEL. Therefore do not take the following products at or near the time you take ACTONEL: food, milk, calcium supplements or calcium-aluminum- or magnesium-containing medicines, such as antacids (see "How should I take ACTONEL").

What are the possible side effects of ACTONEL?

Stop taking ACTONEL and tell your healthcare provider right away if:

- **swallowing is difficult or painful.**
- **you have chest pain.**
- **you have very bad heartburn and it doesn't get better.**

ACTONEL may cause:

- pain [illegible] swallowing, dysphagia.
- [illegible] esophagitis.
- [illegible] stomach or esophagus (the tube that connects the mouth and the stomach).

[illegible] patients with osteoporosis, the overall occurrence of side effects with ACTONEL was similar to placebo (sugar pill), and most were either mild or moderate. The most common side effects with ACTONEL were back pain, joint pain, upset stomach, stomach area pain, constipation, [illegible] pain, headache. Tell your healthcare provider if [illegible] discomfort in your stomach or esophagus.

[illegible] possible side effects of ACTONEL. You can [illegible] information for or pharmacist about other side effects.

What is osteoporosis?

[illegible] that causes bones to become thinner [illegible] weaker. Most people think of their bones [illegible] Actually, bone is living tissue that [illegible] bones—your heart, brain, [illegible] bone, and happens to be a harder type [illegible] Bone was [illegible] ing. Your body keeps your bo[illegible] both by recycling old bone with new bone.

Osteoporosis causes the body to remove more bo[illegible] than it makes. This means that bones get weaker. Weak[illegible] more likely to break. Osteoporosis is a bone dise[illegible] most common [illegible] especially in older women. Howe[illegible] people and men can develop osteoporosis, too. Os[illegible] can be prevented, and with proper therapy, it can be [illegible]

How can osteoporosis affect me?

- You may not have any pain or other sympt[illegible] osteoporosis begins.
- You are more likely to break (fracture) a bone (a[illegible] fall because osteoporosis makes your bone[illegible] You are most likely to break a bone in your [illegible] wrist, or hip.
- You may "shrink" (get shorter).
- You may get a "hump" curve in your back.
- You may have bad back pain that makes you s[illegible] activities.

Who is at risk for osteoporosis?

Many things put people at risk for osteoporosis. The [illegible] people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause ("the change").
- are white, Caucasian, or Asian.

People who:

- are thin.
- have family members with osteoporosis.
- do not get enough calcium or vitamin D.
- do not exercise.
- smoke.
- drink alcohol often.
- take bone-thinning medicines, like prednisone or corticosteroids, for a long time.

General information about ACTONEL

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use ACTONEL for a condition for which it was not prescribed. Do not give ACTONEL to other people, even if they have the same symptoms you have. It may harm them.

What if I have other questions about ACTONEL?

This leaflet summarizes the most important information about ACTONEL for osteoporosis. If you have more questions about ACTONEL, ask your healthcare provider or pharmacist. They can give you information written for healthcare professionals. For more information, call 1-877-**ACTONEL** toll-free or visit our Web site at www.actonel.com.

What are the ingredients of ACTONEL?

ACTONEL active ingredient: risedronate sodium.

ACTONEL inactive ingredients: crospovidone, ferric oxide red, 35-mg tablets only; ferric oxide yellow; hydroxypropyl cellulose; hydroxypropyl methylcellulose; lactose monohydrate; magnesium stearate; microcrystalline cellulose; polyethylene glycol; silicon dioxide; and titanium dioxide.

ACTONEL is marketed by:
Procter & Gamble Pharmaceuticals
Cincinnati, OH 45202
and:
Aventis Pharmaceuticals Inc.
Kansas City, MO 64137
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Actone
(risedronate sodium tablets)

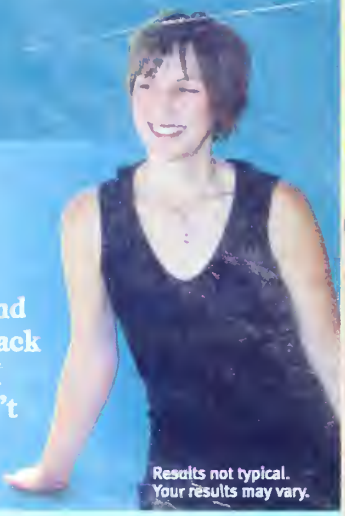
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Stop Stressing. Lose Weight.

Try CORTISLIM™!



"At 45, I was suddenly gaining weight... and I couldn't lose it! After taking *CortiSlim™*, my stress levels dropped and I lost 22 pounds. I'm back to my regular weight! I feel great, and I couldn't be happier."
– Jamie, Utah



Results not typical. Your results may vary.

roblem: *STRESS + Cortisol = FAT*

the day with a sideways glance in the mirror, followed by isappointment and frustration? *Don't blame yourself!*

ioment we wake, we're bombarded with stress," says Dr. ott, University of Utah. "Each stressful moment — work, s, bills, family — releases a FAT STORING HORMONE ol in the blood stream.

y elevated cortisol levels can cause blood sugars to rise, d cravings to increase, and signal the body to store t cells in the abdomen and belly.

ALBOTT'S RTISOL HORMONE STRESS TEST

- Do you often worry or feel stressed out?
- Do you hit plateaus, despite dieting & exercise?
- Do you reach for food when under stress?
- Do you have energy slumps during the day?
- Do you crave high sugar, high carb foods?
- Do you gain weight in your belly & abs?

If you answered **"yes"** to 2 or more questions, call for more information about CortiSlim™

888-634-8746

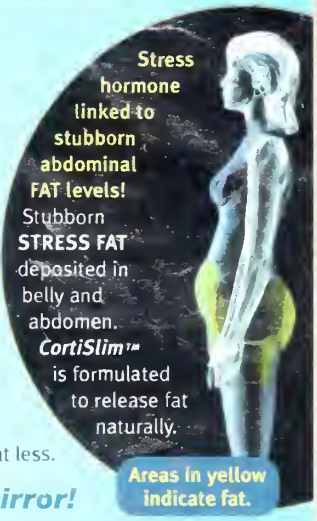


n Talbott, nor of l Connection.'

The Solution: *CortiSlim™*

After 15 years of private and university research, Dr. Talbott formulated *CortiSlim™* to help:

- **CONTROL** the FAT-STORING **cortisol** hormone & release fat cells from your abdomen and belly.
- **BALANCE** blood sugars (within normal levels), resulting in fewer cravings & more consistent energy levels.
- **EASE** "stress eating" signals and provide a calming effect.
- **BURN** calories more efficiently through thermogenesis.
- **SUPPRESS** appetite naturally, so you simply eat less.



Results you can see in the mirror!

You'll feel calmer, positive and focused...with more consistent energy levels, and you'll enjoy a heightened sense of well-being. You'll soon notice your clothes are fitting better as you lose inches...followed by pounds. And *CortiSlim™* takes the edge off your appetite and cravings, too.

Lose **INCHES** & **POUNDS** with **ALL NATURAL** *CortiSlim™!*

Insist on Dr. Talbott's Original *CortiSlim™*!

New Weight Loss Science

ress causes the body to a FAT-STORING hormone rtisol," says Dr. Shawn nutritional biochemist. ated *CortiSlim™* to con- hormone and RELEASE d cortisol stress weight abdomen and belly."

CORTISLIM™



FREE GIFT! Dr. Talbott's nutrition, exercise & menu guide. **FREE** with your *CortiSlim™* order!

STOP STRESSING. LOSE WEIGHT.

CALL NOW: 888-634-8746

CortiSlim™, PO Box 8729, Brea CA 92822 Attn:LHJ Use as directed with sensible diet and exercise program. Do not use if pregnant or nursing. Consult your physician before taking this product. These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

Buy 2, get 1 FREE

SAVE $49.99!

Ephedra FREE



60 capsules per bottle

YES! Please send me two bottles of *CortiSlim™* for only $99.98 ($7.99 S&H), and include one additional bottle for **FREE**. (CA res. add sales tax).

NAME _____

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CITY _____ STATE ____ ZIP ____

❑Check or money order enclosed.

Charge my ❑Visa ❑Mastercard ❑Amex ❑Discover

CARD # _____ EXP. ____

SIGNATURE _____

Attn: CortiSlim Promo Dept./LHJ SEP 04
Window Rock Health Laboratories,
PO Box 8729, Brea CA 92822-5729
Call Toll Free: 888-634-8746



lifestyle, while the other half were put on a program of 30 to 60 minutes of jumping, stretching, running and strength training four times a week. After a year, the couch potatoes had lost a predictable 1.2 percent of their spinal density, while the workout group showed a 1.3 percent rise. This is an impressive result at an age when skeletons typically thin at a rapid rate.

For younger women, being fit carries even greater benefits. Some experts report that by exercising regularly and eating right, women under 30 can increase their bone density by as much as 20 percent, a crucial factor in avoiding future osteoporosis. And fitness in your 30s and beyond will keep your body strong and reduce the likelihood of falls later in life. "Menopause is a critical moment for women," observes Dr. Siris. "So before you get there, build the best possible skeleton you can."

TREATMENT OPTIONS

If, despite your efforts at prevention, you get osteoporosis, a number of treatments are available. Two drugs known as bisphosphonates, Fosamax and Actonel, are available in either daily or once-a-week pills. These medications slow down bone loss, increase density and reduce fracture risk. They must be taken with eight ounces of water on an empty stomach.

While many women no longer consider HRT an option, some doctors say very low doses of estrogen may protect bones without the risks of higher-dose HRT, although no long-term studies have been done. In June the FDA approved Menostar, a low dose of plant-derived estrogen in a transdermal patch, for prevention of osteoporosis.

Calcitonin (brand name Miacalcin), administered in a nasal spray or an injection, is a naturally occurring hormone that affects bone metabolism. In women who are five or more years past menopause, it slows bone loss, increases density of the spine and reduces fractures in the spine, but not in other bones.

Evista, a selective estrogen receptor modulator, has the bone-building benefits of HRT without the hazards: a slightly increased risk of breast cancer, heart attack and stroke. And Evista may actually lower risk of estrogen-dependent breast cancer by 65 percent over a four-year period.

LPING CHILDREN BUILD HEALTHY BONES

hood is the key time to build g bones. But only 19 percent of ages 9 to 19 (and 52 percent of get the RDA of this mineral) mg). That's scary, since up to rcent of the skeleton is formed ge 18 for girls, and by 20 for . Here's how to improve your bone health.

it soda. A recent article in *Pedi-* warned that high consumption oda and other sugary drinks kids in three ways: They drink milk, creating calcium deficiency; get too many calories; and they lop more cavities.

del healthy habits. "What moms as a big influence on kids," says ert P. Heaney, M.D., professor of medicine at Creighton University in Omaha, Nebraska. "If you give your children milk but don't drink it yourself, they'll stop drinking it, too." Sources of calcium with kid appeal include breakfast bars, cereal with milk, smoothies, yogurt and pizza.

• **Have kids get some sun or take a vitamin.** Kids need vitamin D, too, to absorb calcium. A 2004 study in *The Archives of Pediatrics & Adolescent Medicine* showed that 42 percent of teens failed to get all the vitamins they need, including D. Those tested in the winter had lower levels than those tested in the summer. To be safe, a multivitamin is probably a good idea.

• **Get girls jumping.** A December 2003 study at the University of British Columbia, in Vancouver, compared elementary-school girls who participated in regular gym routines to those who also did 10 minutes of jumping exercises three times a week. After two years, the girls who jumped had nearly 5 percent greater bone mass than those who didn't.

• **Watch out for dieting myths.** One reason why girls skimp on calcium is that they think the foods that contain it are fattening. Actually, says Dr. Heaney, the latest research shows that children with the highest dairy intake also have the leanest bodies. "Kids aren't worried about what their bone health will be at age 80, they want to look good now, so alert them to calcium's role in maintaining a healthy weight."

LHJ.com **Visit our online osteoporosis guide at www.lhj.com/osteo**

Jell-O Sugar Free·Fat Free Pudding

Because it's 80 calories a serving. Make that 78 if you don't lick the bowl.



it's only 5 minutes to homemade.

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Because it's magic.™



Families Who Cook Together

. . . stay together, at least for as long as it takes to whip up a family feast and enjoy it. For the Kleins of North Carolina, it's become a tasty tradition



PHOTOGRAPHS BY [illegible]
RECIPES AND FOOD STYLING BY [illegible] POWELL
PROP STYLING BY [illegible]
TEXT BY CAROLINE STANLEY

When our three girls were younger, they would eat their dinner before their father got home from work," explains Lesley Klein, 47, a homemaker from Cary, North Carolina. With the family's busy schedules, Sunday nights became the only time when everyone could sit down for a traditional family meal.

As the girls grew, so did their responsibilities in planning and preparing the Sunday-night special. Now Ally, 16, does all of the baking, while Alex, 15, prefers creating unique table settings. Alana, 8, helps her mom with grocery shopping and always pitches in during cleanup. Lesley's husband, Craig, 45, usually cooks the main dish in order to give her a much-needed break from the rest of the week. After the meal the couple is free to snuggle and enjoy a glass of wine in peace.

But the best part of Sunday dinners is the conversation that brings everyone closer together. "We try to catch up on Ally's job, Alex's cheerleading and Alana's CONTINUED









Groceries List

6 Limes
2 White onions
1 bunch Cilantro
2 Tomatoes
2 Medium red onions
2 Red bell peppers
1 head of garlic
2 Jalapenos
1 Pound
1 Bottle



Sunday dinner for the Kleins is a family affair: Craig serves up the main course (opposite); Lesley chips in and chops cilantro (above); Alex helps her mom bring in the groceries (left); Ally and Alana assemble delicious Peanut Butter-Chocolate Chip Ice-Cream Sandwiches (bottom left); Alex stirs up some of her famous black bean soup (bottom right)

sports—it's kind of a mini family party." Her only complaint? "When Craig cooks, the kitchen is a disaster area. But that probably bothers my cleanup crew more than it does me!"

Easy Black Bean Soup

MAKES 6 CUPS

Prep time: 5 min **Total time:** 30 min

Kitchen cue: This healthy soup is as easy to make as it is delicious. A topping of sour cream, sliced white onion and store-bought salsa adds tang.

- 2 tablespoons olive oil
- 8 oz. cooked ham steak, cut into a ¼ inch dice
- 1 cup chopped white onion plus ¼ cup sliced white onion for garnish
- 3 cans (15 oz. each) black beans, drained and rinsed
- 2 cups chicken broth
- 2 cups water
- 1 cup chopped cilantro plus sprigs for garnish

◆ Heat oil in a 4- to 5-quart pot over moderately high heat until hot but not smoking and cook ham, stirring occasionally until golden, about 4 minutes. Add onion and continue to cook until onion is softened, about 2 minutes longer. Stir in beans, broth, water and cilantro and bring to a simmer. Simmer soup, stirring occasionally, for 5 minutes.

◆ Transfer 1 cup of soup to a blender and puree until smooth. Return puree to pot with soup, stirring to combine. Season with pepper to taste. Serve soup in bowls garnished with sliced onion and cilantro sprigs.

Per serving: 225 calories, 7 g total fat, 1.5 g sat fat, 1084 mg sodium, 25 g carbs, 56 mg calcium, 17 mg cholesterol, 16 g protein, 6 g fiber

Marinated Citrus Chicken Fajitas

SERVES 6

Prep time: 5 min **Total time:** 4 hr 45 min (includes 4 hr marination)





Spicy Marinated Flank Steak Fajitas (above left) and Marinated Citrus Chicken Fajitas (left) are just two of Craig Klein's specialties. Both versions taste great when topped with sour cream, salsa and cilantro and can be paired with something to drink that's fun and fruity—margaritas for the adults and sparkling juice for the kids (above right)

Kitchen cue: The finishing touches for these fajitas? Sour cream, store-bought tomatillo salsa and tomato salsa, and sprigs of fresh cilantro.

- ½ cup orange juice
- 6 tablespoons fresh lime juice plus lime wedges
- 2 tablespoons reduced-sodium soy sauce
- 2 tablespoons dark rum
- 2 tablespoons light brown sugar
- ½ teaspoon ancho or regular chili powder
- 4 tablespoons olive oil
- 4 boneless skinless chicken breast halves (1¾ lbs. total)
- 2 red bell peppers, cut into 1-inch-wide strips
- 2 medium red onions, peeled and cut into wedges with root end intact
- 12 corn tortillas, wrapped in foil and heated on the grill or oven

◆ Set a large resealable plastic bag upright in a bowl. Put orange juice, 4 tablespoons lime juice, soy sauce, rum if using, sugar, chili powder and 3 tablespoons oil in bag, seal it and shake to distribute ingredients evenly. Return bag to bowl in an upright position (this way if you spring any leaks the bowl will catch them) and add chicken. Seal bag and marinate chicken, chilled, for at least 4 hours or overnight.

◆ Remove chicken from marinade, discarding marinade, and pat dry.

◆ Preheat grill. Grill chicken on one side of a lightly oiled rack, uncovered, over moderate heat, turning once with metal tongs, until just cooked through, about 12 minutes total. Alternatively, grill chicken in a heated, lightly oiled grill pan over moderate heat.

◆ Meanwhile, toss peppers and red onion with remaining 1 tablespoon oil and salt and pepper to taste. Grill in a vegetable grill basket in one layer (you may need to do this in batches), turning with metal tongs, until golden brown and tender, about 6 minutes total. Transfer to a platter and drizzle with remaining 2 tablespoons lime juice. Alternatively, grill vegetables in a heated, lightly oiled grill pan over moderate heat.

CONTINUED

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1 box. 3 meal ideas. 30 minutes.

That's Kraft Cooking.

KRAFT Cooking!

Cheeseburger Mac

Prep: 5 min. Cook: 20 min.

ground beef
up milk
up ketchup
(12 oz.) VELVEETA® Shells & Cheese Dinner
dium tomato, chopped (optional)
up green onion slices (optional)

OWN meat in skillet; drain.
D 1-1/4 cups water, milk and ketchup. Bring
. Stir in Shell Macaroni; return to boil. Reduce
o medium-low; cover. Simmer 10 minutes or
macaroni is tender.
0 Cheese Sauce, tomato and onions; stir until
blended. Makes 4 Servings.

Deep-Dish Pizza Casserole

Prep: 10 min. Cook: 20 min.

1 pkg. (12 oz.) VELVEETA® Shells & Cheese Dinner
1 lb. ground beef
1 medium green pepper, chopped
1 small onion, chopped
1 can (8 oz.) pizza sauce
1/2 cup KRAFT® Shredded Low-Moisture Part-Skim Mozzarella Cheese

1. PREPARE Dinner as directed on package. Meanwhile, brown meat with green pepper and onion in skillet; drain. Stir in pizza sauce.
2. SPOON prepared Dinner into a 2-quart baking dish; top with meat mixture. Sprinkle with cheese. Cover skillet.
3. BAKE at 375°F for 20 min. or until heated. Makes 4 Servings.

Bacon & Tomato Shells

Prep: 5 min. Cook: 15 min.

1 pkg. (12 oz.) VELVEETA® Shells & Cheese Dinner
1/4 cup OSCAR MAYER® Real Bacon Bits
1 tomato, chopped

1. PREPARE Dinner as directed on package.
2. ADD 1/4 cup OSCAR MAYER® Real Bacon Bits and 1 chopped tomato along with Cheese Sauce.
Stir ingredients until well blended.
Makes 4 Servings.

KRAFT kraftcooking.com



Peanut Butter-Chocolate Chip Ice-Cream Sandwiches

◆ Transfer chicken to a cutting board and let stand 5 minutes. Cut chicken crosswise into slices. Serve with vegetables, warmed tortillas and lime wedges.

Per serving, 230 calories, 6.5 g total fat, 1 g sat fat, 195 mg sodium, 11 g carbs, 37 mg calcium, 77 mg chol, 32 g protein, 1 g fiber

Spicy Marinated Flank Steak Fajitas

SERVES 6

Prep time: 15 min **Total time:** 7 hr (includes 6 hr marination)

Kitchen cue: Serve these fajitas with the same accompaniments as the chicken fajitas on page 186. Any leftover steak will make great sandwiches for lunch the next day.

For Marinade:

- 6 tablespoons olive oil
- ¼ cup dry white wine
- 3 tablespoons red wine vinegar
- 3 tablespoons fresh lime juice
- 2 tablespoons Worcestershire sauce
- 1 tablespoon dark rum, optional
- 3 garlic cloves, finely chopped
- ½ teaspoon chili powder
- ½ teaspoon chipotle chili powder
- ½ teaspoon ground cumin
- ½ teaspoon ground coriander
- 2 lb. (¾- to 1-inch thick) flank steak

◆ Whisk together all ingredients except steak in a 13x9-inch glass dish. Add flank steak, turning to coat, and marinate, chilled and covered, turning once, for at least 6 hours or overnight.

◆ Remove steak from marinade, discarding marinade, and pat dry. Let steak stand at room temperature for 30 minutes before grilling.

◆ Preheat grill. Grill steak on a lightly oiled rack, uncovered, over moderately high heat, turning once, about 12 minutes total for medium rare. Alternatively, steak can be grilled in a heated, lightly oiled grill pan over moderately high heat. You may need to halve steak in order to fit into pan and cook in batches.

◆ Transfer steak to a cutting board and let stand for 10 minutes. Cut steak diagonally across grain into ¼-inch-thick slices.

Per serving: 280 calories, 17 g total fat, 6.5 g sat fat, 104 mg sodium, 1 g carbs, 9 mg calcium, 75 mg chol, 29 g protein, 0 fiber

Peanut Butter-Chocolate Chip Ice-Cream Sandwiches

MAKES 1 DOZEN SANDWICHES, OR 2 DOZEN COOKIES

Prep time: 15 min **Total time:** 1¼ hrs (plus freezing)

Kitchen cue: For even more peanut flavor, roll edges of ice-cream sandwiches in salted chopped peanuts instead of mini chocolate chips.

- 1½ cups all-purpose flour
- ¾ teaspoon salt
- ½ teaspoon baking soda
- 1 stick unsalted butter, softened
- ¼ cup granulated sugar
- ¾ cup packed light brown sugar
- ¾ cup extra-crunchy peanut butter
- 1 large egg
- ½ teaspoon vanilla extract
- ½ cup finely chopped salted roasted peanuts
- ½ cup sanding sugar or clear sprinkles
- 2 pints good quality chocolate ice cream or frozen yogurt
- 1 cup mini semisweet chocolate chips

◆ Preheat oven to 350°F. Whisk together flour, salt and baking soda in a small bowl.

◆ Beat together butter and sugars with an electric mixer on medium speed until smooth. Add peanut butter and beat until well combined. Beat in egg and vanilla until smooth. Add flour mixture and beat on low speed until almost combined. Stir in chopped peanuts until well combined.

◆ Scoop dough with a small ice-cream scoop (about 2 tablespoons), forming dough into 1½-inch balls and arrange about 1 inch apart on 2 cookie sheets. Flatten balls with tines of fork twice to form a crisscross design and sprinkle tops with sanding sugar.

◆ Bake cookies in upper and lower thirds of oven until golden, 15 to 17 minutes. Transfer cookie sheets to a wire rack to cool for 5 minutes. Transfer cookies with a spatula to racks to cool completely.

◆ Remove ice cream from freezer and let soften slightly on counter, about 5 minutes depending on temperature of room.

◆ Have ready a wire rack set inside a cookie sheet. Arrange half of cookies top sides down on a work surface, and working with 1 cookie at a time, scoop about 3 tablespoons ice cream onto cookie. Working quickly, spread ice cream to cover bottom of cookie completely and top with another cookie right side up, gently pressing them together to allow ice cream to meet edges of cookies. Immediately transfer to prepared pan and put in freezer until almost firm, about 15 minutes. Repeat with remaining cookies and ice cream.

◆ If desired, roll edges of ice cream in chocolate chips and return to freezer until firm, about 20 minutes.

Per serving (1 ice-cream sandwich): 465 calories, 25 g total fat, 10.5 g sat fat, 334 mg sodium, 56 g carbs, 61 mg calcium, 47 mg chol, 9 g protein, 3 g fiber

Per cookie: 180 calories, 9.5 g total fat, 3.5 g sat fat, 157 mg sodium, 21 g carbs, 15 mg calcium, 19 mg chol, 4 g protein, 1 g fiber

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Crystal Light
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100% vitamin C*
good source of calcium
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just 5 calories*





Enjoy Life
one sip at a time.

*per 8 fl. oz. serving



Sesame Shrimp
With Asian Slaw

SHRIMP MADE SIMPLE

Want a quick, delicious and low-fat solution for dinner? Think shrimp! Get inspired with these five succulent recipes, which are sure to tempt the whole family

PHOTOGRAPHS BY JEFF KAUCK RECIPES AND FOOD STYLING BY LORI POWELL
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Citrus Shrimp Salad

Sesame Shrimp With Asian Slaw

SERVES 4
Prep time: 30 min **Total time:** 1 hour

Kitchen cue: To bring out the flavor of the sesame seeds, toast them in a small dry skillet over medium heat, stirring, until golden, about 3 minutes.

- 2 tablespoons seasoned rice vinegar
- 1 tablespoon fresh lime juice
- 1 tablespoon dark sesame oil
- ½ teaspoon sugar
- 2 cups thinly sliced red cabbage
- 2 cups thinly sliced napa cabbage
- 1 large orange bell pepper, thinly sliced
- ¼ cup packed fresh cilantro leaves
- Scant ½ cup all-purpose flour
- ½ cup beer (not dark)
- ½ teaspoon coarse salt
- ½ cup sesame seeds, toasted
- 1 lb. large shrimp, peeled and deveined
- 3 tablespoons canola oil
- 4 cups store-bought vegetable chips
- 8 lime wedges

◆ Whisk together vinegar, juice, oil and sugar in a large bowl until sugar is dissolved. Add cabbages, pepper and cilantro to bowl and toss together until just combined. Season with salt and pepper to taste. Keep slaw chilled and covered for at least 20 minutes or up to 1 day.

◆ Whisk together flour, beer and salt in a shallow bowl until smooth. Put sesame seeds in a single layer on a large plate. Working with 1 shrimp at a time, coat shrimp evenly in beer batter, allowing excess to drip off, then coat on both sides with sesame seeds. Transfer to a plate and repeat with remaining shrimp in same manner.

◆ Heat oil in a large nonstick skillet over moderately high heat until hot but not smoking and cook shrimp in batches without crowding, turning once, until golden brown and cooked through, about 3 minutes. Transfer with tongs to paper towels to drain, and season with salt.

◆ Serve shrimp immediately with slaw, chips and lime wedges on the side.

Per serving: 625 calories, 36 g total fat, 5 g sat fat, 545 mg sodium, 52 g carbs, 316 mg calcium, 140 mg chol, 26 g protein, 9 g fiber

Citrus Shrimp Salad

SERVES 4
Prep time: 10 min **Total time:** 55 min

Kitchen cue: Edamame are green soybeans that you can find pre-shelled in the freezer section of your grocery store. Shrimp and edamame can be cooked, separately, up to one day ahead, cooled completely, then covered and chilled.

- ¾ cup shelled, frozen edamame
- 1 lb. large shrimp
- 2 tablespoons fresh lime juice
- 1 large pink grapefruit
- 1 firm, ripe avocado
- 1 tablespoon mayonnaise
- 1½ tablespoons chopped fresh mint plus leaves for garnish
- 1 tablespoon chopped fresh cilantro
- 2 heads bibb lettuce, leaves separated

◆ Cook frozen edamame in a large saucepan of boiling salted water until just tender, about 4 minutes. Transfer edamame with a slotted spoon to a bowl of ice and cold water to stop cooking. When cool, drain edamame and pat dry. Transfer to a bowl.

◆ Bring water back to a boil and cook shrimp until pink and just cooked through, about 3 minutes. Drain shrimp in a colander and rinse with cold water until cooled. Peel and devein shrimp. Toss shrimp in bowl with edamame, 1 tablespoon

CONTINUED



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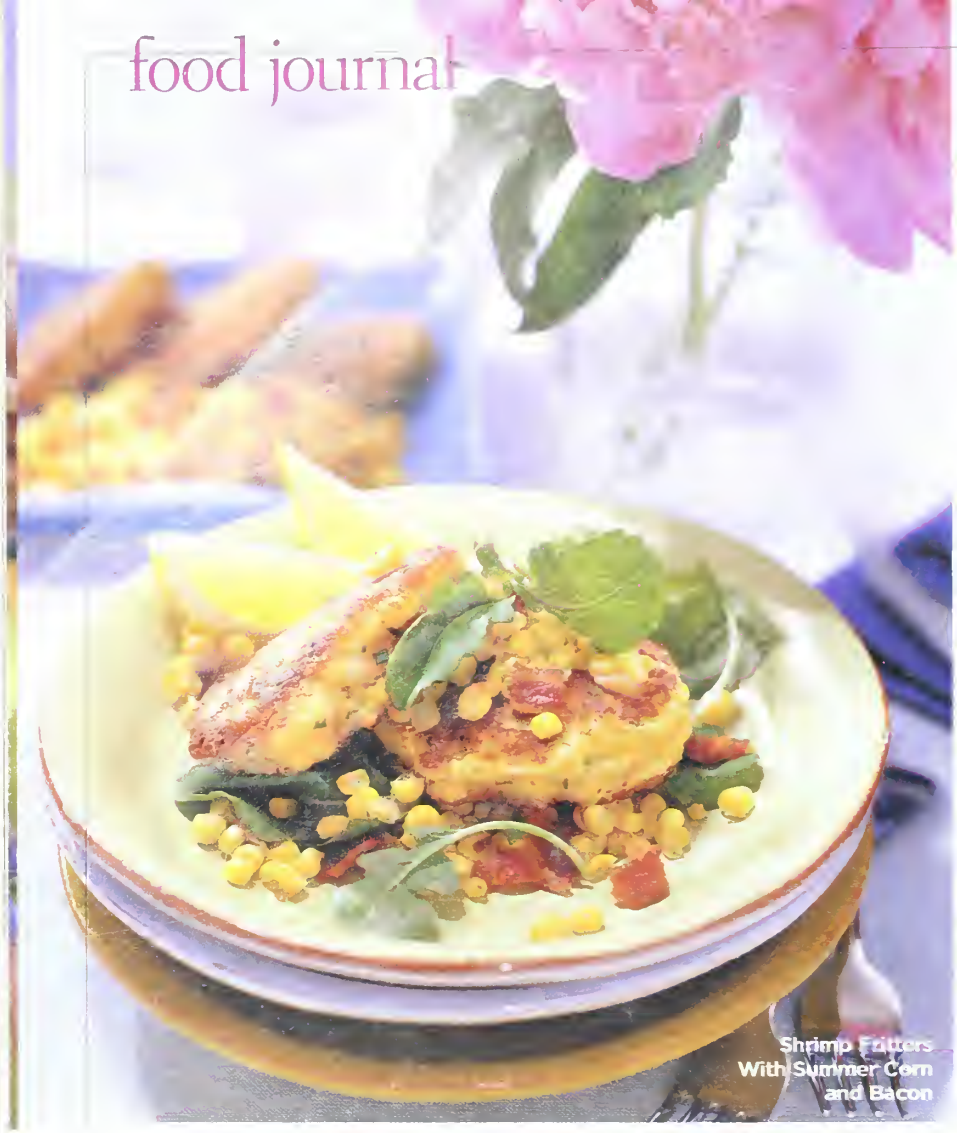
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Shrimp Fritters With Summer Corn and Bacon

juice, and salt and pepper to taste.

◆ Trim ends from grapefruit. Standing fruit on 1 cut end, trim peel and white pith away from sides with a sharp knife. Then, holding grapefruit over a bowl to catch juice, cut segments free from membranes and then cut each segment into thirds.

◆ Halve avocado lengthwise, pit, score flesh with knife crosswise, then lengthwise, and scoop flesh out with a spoon into a bowl. Gently toss with remaining 1 tablespoon juice, mayonnaise, chopped herbs and 2 tablespoons juice from cut grapefruit. Season with salt and pepper to taste.

◆ If desired, set a 3-inch metal ring off-center on a plate and layer shrimp, avocado, grapefruit and edamame, pressing gently on top to pack mixture. Carefully remove ring; if some of the layers fall apart, that's okay and arrange lettuce around salad. Or gently toss shrimp, avocado, grapefruit and edamame together in a bowl and arrange in layers on a plate along with lettuce. Garnish with mint leaves.

Per serving: 285 calories, 14 g total fat, 2.5 g sat fat, 242 mg sodium, 17 g carbs, 68 mg calcium, 142 mg chol, 25 g protein, 4 g fiber

Shrimp Fritters With Summer Corn and Bacon

SERVES 4 TO 6 (makes 10 fritters)
Prep time: 30 min **Total time:** 45 min

Kitchen cue: An easy way to remove corn kernels from the cob is to snap off the stem end to create a flat surface and then stand cob flat end down in a bowl. Using a sharp paring knife, work your way from top to bottom so kernels fall directly into the bowl.

6 oz. sliced bacon (about 8 slices)
¼ cup all-purpose flour
¼ cup yellow cornmeal
½ teaspoon baking soda
½ teaspoon coarse salt
½ cup milk
1 large egg
¾ lb. large shrimp, peeled, deveined and coarsely chopped
2½ cups fresh corn kernels from 3 ears corn
¼ cup chopped chives
1½ tablespoons olive oil, plus additional
½ cup finely chopped onion
4 cups arugula
4 to 6 lemon wedges

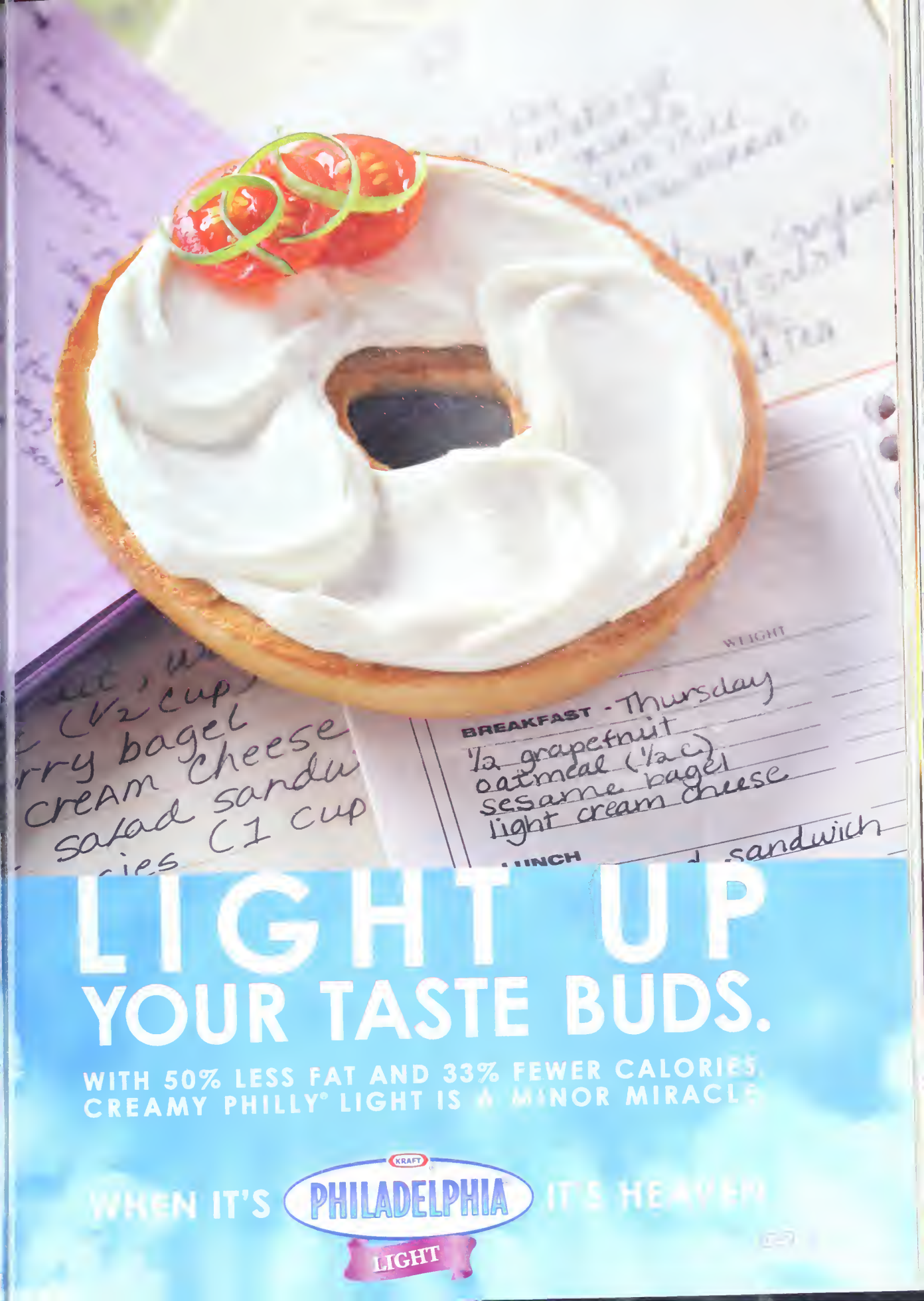
◆ Cook bacon in a large skillet over moderate heat until crisp, about 5 minutes. Transfer bacon with tongs to paper towels to drain. Pour off fat from skillet and reserve. Wipe out skillet and reserve. When bacon is cool, crumble into pieces.

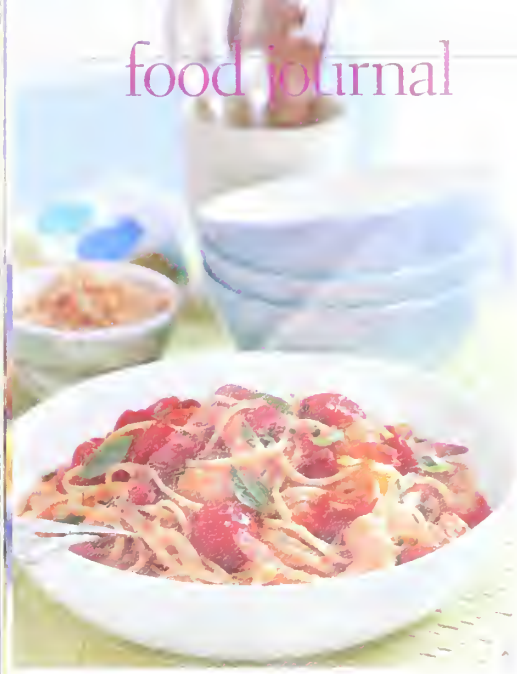
◆ Whisk together flour, cornmeal, baking soda and salt in a medium bowl. Whisk together milk and egg in small bowl. Add milk mixture to flour mixture, whisking until CONTINUED

MAKE IT KID FRIENDLY!

With simple alterations, one can please all palates and keep a happy dinnner table.

* Leave the sesame out of the Sesame Shrimp and serve with tartar or cocktail sauce.
* Serve the Shrimp Fritters on a roll as you would a burger with your child's favorite condiments, such as tomato ketchup or mayonnaise.
* Omit the hot-pepper flakes for the Sautéed Shrimp on Linguine on the shrimp if necessary, or eliminate the garlic from the breadcrumbs.
* Omit the ginger from the Stir-Fry, or serve over pasta instead of rice.


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½ grapefruit
oatmeal (½ c)
sesame bagel
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Sautéed Shrimp and Tomatoes Over Linguine With Garlic Breadcrumbs

combined well. Stir in shrimp, ½ cup corn and chives until just combined.

◆ Heat ½ tablespoon each oil and bacon fat in skillet over moderate heat until hot but not smoking. Drop 5 (scant ¼ cup each) mounds of shrimp mixture into skillet and cook, turning once, until golden brown and shrimp is cooked through, about 4 minutes. Transfer with a spatula to paper towels to drain. Repeat with remaining shrimp mixture in same manner, adding more oil as needed.

◆ Heat remaining 1 tablespoon oil in skillet over moderate heat until hot but not smoking and cook onion, stirring until softened, about 3 minutes. Add remaining 2 cups corn kernels and cook, stirring occasionally, with salt and pepper to taste, until just tender, about 3 minutes. Stir in bacon.

◆ Serve fritters overlapping alternately with arugula and sautéed corn and bacon, with a lemon wedge on the side.

Per 2-fritter serving: 355 calories, 16 g total fat, 4.5 g sat fat, 567 mg sodium, 35 g carbs, 109 mg calcium, 141 mg chol, 21 g protein, 4 g fiber

Sautéed Shrimp and Tomatoes Over Linguine With Garlic Breadcrumbs

SERVES 4

Prep time: 25 min **Total time:** 50 mi

Kitchen cue: Make sure tomatoes are complet dry before adding them to the skillet. Any excess water will cause them to splatter once they hit the heated olive oil. To make the breadcrumbs, use slices of white or whole-whe bread. Tear them into pieces and pulse in a food processor or blender until they are just coarsely ground.

- ¼ cup extra-virgin olive oil
- 1 cup coarse fresh breadcrumbs
- 3 teaspoons finely chopped garli
- ¾ lb. cherry tomatoes
- 1 lb. large shrimp, peeled and deveined
- ¼ teaspoon hot red-pepper flakes
- ½ lb. linguine

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tablespoons fresh lemon juice
to taste
cup chopped fresh basil plus
leaves for garnish

eat 1 tablespoon oil in a large
stick skillet over moderate heat
l hot but not smoking and toast
dcrumbs, stirring with salt and
per to taste, until golden, about 2
utes. Add 1 teaspoon garlic and
inue to cook, stirring until crumbs
golden brown, about 2 minutes
e. Transfer breadcrumbs to a plate
ool.
eat remaining 3 tablespoons oil in
let over moderate heat until hot
not smoking. Add tomatoes and
k, stirring until most of them are
ining to wilt, about 5 minutes. Stir
hrimp, hot pepper flakes and
remaining 2 teaspoons garlic and cook, stirring, until shrimp are pink and just cooked through, about 3 minutes. Remove pan from heat and keep warm, covered.

- Cook pasta in a large pot of boiling salted water, stirring occasionally, until al dente, about 8 minutes. Reserve ½ cup pasta water, then drain pasta in a colander.
- Transfer pasta to skillet with shrimp. Add cooking water, juice and chopped basil and simmer over moderate heat, tossing gently until combined well and hot, about 1 minute.
- Serve pasta sprinkled with breadcrumbs and garnish with basil leaves.

Per serving: 485 calories, 17 g total fat, 2 5 g sat fat, 403 mg sodium, 54 g carbs, 88 mg calcium, 140 mg chol, 28 g protein, 3 g fiber

Shrimp and Summer Vegetable Stir-Fry

S 4

Prep time: 40 min **Total time:** 1 hour

Kitchen cue: A stir-fry is a great way to pair shrimp with the abundance of summer zucchini and eggplant. Instead of Asian eggplant, which is long and thin, you can use regular eggplant. To save time, we purchased cooked rice from our local Chinese takeout.

- 4 tablespoons reduced-sodium soy sauce
- 3 tablespoons chopped fresh ginger
- 3 teaspoons minced garlic
- 1 teaspoon sugar
- 4 tablespoons peanut oil
- 1 small Asian eggplant (6 oz.), trimmed, halved lengthwise and cut crosswise into ⅓-inch thick pieces (1½ cups)

CONTINUED





Shrimp and Summer Vegetable Stir-Fry

6 oz. shiitake mushrooms, stems discarded and caps cut into ⅜-inch-thick slices (3 cups)
1 large red bell pepper, cut into strips (1 cup)
1 medium zucchini (8 oz.), halved lengthwise and cut crosswise into ½-inch-thick pieces (1½ cups)
1 lb. large shrimp, peeled and deveined
2 scallions, chopped
4 cups cooked rice

◆ Whisk together 6 tablespoons water, soy sauce, ginger, garlic and sugar in a small bowl and reserve.
◆ Heat 2 tablespoons oil in a large nonstick skillet or wok over high heat until hot but not smoking. Cook eggplant, stirring until golden brown and tender, about 4 minutes. Transfer with a slotted spoon to a bowl.
◆ Add 1 tablespoon oil to skillet and cook mushrooms and pepper, stirring until just tender, about 3 minutes. Transfer to bowl with slotted spoon.
◆ Add 1 tablespoon oil to skillet and cook zucchini, stirring until just tender, about 2 minutes. Transfer to bowl.
◆ Add remaining 1 tablespoon oil to skillet and cook shrimp, stirring until pink and just cooked through, about 3 minutes.
◆ Return all vegetables to skillet with soy mixture and scallions and simmer, stirring constantly, 1 minute. Transfer to a serving bowl and serve with rice.

Per serving: 480 calories, 15.5 g total fat, 2.5 g sat fat, 744 mg sodium, 58 g carbs, 103 mg calcium, 140 mg chol, 26 g protein, 3 g fiber

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YOUR WINE AND DINE GUIDE

"A light wine is the best match with shrimp," says David Frieser, owner of Beekman Liquors in New York City. Shrimp has a delicate taste that takes on the flavors of the foods that accompany it, so look for acidic wines; their tang will enhance your dishes, not overpower them. Here are some recommendations:

Cristalino Rosé Brut Cava, Spain, $9*
The snappy fruitiness of this sparkling rosé complements the crispy texture and flavor of Sesame Shrimp.

Brancott Vineyards 2003 Marlborough Sauvignon Blanc, New Zealand, $12*
The fruit flavors in the Citrus Shrimp Salad will be heightened by the intense grapefruit aroma and taste of this white wine.

E. Guigal 2001 Côtes du Rhône Blanc, France, $11*
This full-bodied white wine is a good counterpoint to the sweet corn and smoky bacon in the Shrimp Fritters.

Taurino 1999 Salice Salentino, Italy, $10*
This light, fruity red brings out the tang in the tomatoes and the heat of the red-pepper flakes in the Sautéed Shrimp and Tomatoes Over Linguine.

Selbach 2002 Riesling, Germany, $11*
This crisp, dry white contrasts the sweet vegetables and the Asian flavors in the Stir-Fry.

** suggested retail price*

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Scarf, Lands' End, $19.50 nd.com. Herringbone blazer, $48, floral shirt, n skirt, $29.50, all Gap Kids; www.gapkids.com L.L. Bean, $16, 800-809-7057. Tights, Leg .00; www.legwearresource.com. **Page 83:** Yellow h Lauren Childrenswear, $89; www.polo.com. ss. Tommy Hilfiger Childrenswear, $45.50, .com. Striped turtleneck, $21.50, boots, $39.50, End; www.landsend.com. Tights, Trimfit, $8.50, l. Orange T-shirt, Gap Kids, $19.50. Camouflage s' End, $29.50; www.landsend.com. Yellow ram Bean, $16; 800-809-7057. Charcoal sweater with v Hifiger Childrenswear, $59.50, www.tommy.com, $19.50, yellow T-shirt, $12.40, both Gap Kids, ls.com. Black jeans, Levi's, $26, select J.C. Penney cco, $62.95; www.zappos.com. Long sleeved T s, $36, select Kohl's. Black jeans, Levi's, $26, select ey Sneakers, Lands' End, $34.50, www om. Pink Polar Fleece jacket, L.L. Bean, $39.50; 57. Multicolor sweater, United Colors of Benetton 800-535-4491. Sneakers, Converse, $25, www.con Tights, Leg Resource, $8.00; www.legwear m. **Page 84:** Left: Jacket, Tommy Hilfiger Chil $129.50, www.tommy.com. T-shirt, Dickies, $16, com. Pants, Dockers, $32, www.filenes.com. Sneak , $47; www.adidas.com. Right: Vest, $17.50, sneak), both Lands' End; www.landsend.com. Shirt lfiger Childrenswear, $39.50. Jeans, Ralph Lauren ear, $45; select Macy's. **Page 85:** Clockwise eft: Pink corduroy jacket, $34.50, cream sweater irt, $19.50, plaid skort, $26.50, plaid ram boots argyle tights, $9.50, all Lands' End send.com. Tweed hat, Fantasia Accessories, $10, 826. Floral coat, United Colors of Benetton Kids $68, 800-535-4491. Jeans, Tommy Hilfiger Children's $42.50, www.tommy.com. Boots, Ugg $72.95, 866-8 zappos.com. Backpack, Old Navy, $18.50, www.old navy.com. Navy vest, $45, select Macy's. Striped shirt, $17.50, pinstripe pants, $39.50, both Tommy Hilfiger Childrenswear, www.tommy.com. Pink boots, The Children's Place, $19.50, www.thechildrensplace.com. "North Fork" sweatshirt, Neighborhoodies, $12.99, www.neighborhoodies.com. Blue checked shirt, Dockers, $22, www.gottschalks.com. Striped shirt, $39.50, hat, $17.50, both Tommy Hilfiger Childrenswear; www.tommy.com. Pants, L.L. Bean, $11.95. Tic Lands' End, $16.50, www.landsend.com. Racing stripe sweater, $14.50, T-shirt, $7.50, both The Children's Place, www.childrensplace.com. Yellow polo, $30, red pants, $42.40, Ralph Lauren Childrenswear, select Macy's and select Filene's. Baseball hat, Lucky Brand, $17, 516-681-4990. Black cardigan, Talbots Kids, $108, www.talbots.com. Plaid jumper, $59.50, boots, $19, both Tommy Hilfiger Childrenswear, www.tommy.com. Turtleneck, L.L. Bean, $19.50, 800-809-7057. Tights, Danskin, $8.00, www.danskin.com. Hat, Capelli New York, $12, 212-684-3344. White jacket, $148, black with white jumper, $34.50, yellow turtleneck, $16.50, all Gap Kids, www.gapkids.com. Boots, Five, $42, www.zappos.com. Hat, Lands' End, $15.50, www.lands end.com. Tights, Danskin, $8.00, www.danskin.com. Striped socks, Trimfit, $8.50, 212-214-7784. Leopard binder, Old Navy, $9.50; www.old navy.com. **Page 86:** Clockwise from left: Diagonal stripe poncho, Abercrombie, $29.50; www.abercrombiekids.com. Pink sweatshirt, Lucky Brand, $44, select Nordstrom. Green turtleneck, L.L. Bean, $19.50, 800-809-7057. Khaki pants, Arizona Jeans Company at J.C. Penney, www.jcpenney.com. Boots, Steve Madden, $55, www.zappos.com. Chevron stripe poncho, $34.50, plum jumper, $29.50, argyle tights, $9.50, all Lands' End; www.landsend.com. Turtleneck, $19.50, rainboots, $16, both L.L. Bean, 800-809-7057. Blazer, $75, rugby shirt, $19.50, jeans, $24.50, sneakers, $24.50, all Lands' End, www.lands end.com. Red jacket, $36; select Merrell's. Turtleneck, Lands' End, $12.50, www.landsend.com. Skirt, Tommy Hilfiger, 36.50, www.tommy.com. Heart tights, Gina Group, $5, info@ginhos.com. **Page 87:** Left: Coat, $31, skirt, $28, both United Colors of Benetton Kids, 800-535-4491. Shirt, Tommy Hilfiger Childrenswear, $39.50, www. tommy.com. Boots, Lands' End, $34.50, www.lands end.com. Tights, Trimfit, $1.50. Middle: Polo, $18.50, camo pants, $29.50, both Lands' End, www.landsend.com. Yellow sweatshirt, L.L. Bean, $29.50, 800-809-7057. Sneakers, Converse, $23.95, 212-871-1004. Right: Zip-up, Puma, $11, select Macy's. Argyle sweater, $34.50, shirt, $32.50, boots, $39.50, all Tommy Hilfiger Childrenswear, www.tommy.com. Turtleneck, L.L. Bean, $19.50, 800-809-7057. Skirt, The Children's Place, $14.50, www.childrensplace.com. White tights, Danskin, $8, www.danskin.com. Blue socks, $11.50, www.lands end.com. Knapsack, Old Navy, $18.50, www.oldnavy.com. [illegible] **Page 184:** Table and benches, IKEA, www.ikea-usa.com. Tablecloth, Anthropologie, www.anthropologie.com. Water bottle, glasses, vases, Moma Design Store, www.momastore.com. Orange bowl, blue and orange floral plates and dinner plates, Panik Johnson, www.panikjohnson.com. "Bandanna" napkins, Nancy Koltes, www.nancykoltes.com. **Page 185:** Mixing bowls, Moma Design Store. **Page 188:** Tray with ice-cream sandwiches, Nancy Koltes. [illegible] **Page 190:** Bowl, glasses, ABC Carpet and Home, www.abchome.com. Plate, Vietri, www.vietri.com. Tray, The Terence Conran Shop, www.conran.com. "Luna" flatware, Pottery Barn, www. potterybarn.com. **Page 192:** Glasses, vase, ABC Carpet and Home. Yellow and green linen napkins, ABH Designs, 212-219-2776. Placemat, Crate and Barrel, www. crateandbarrel.com. Lavender plate, Davis Studio, www.davisstudio.com. **Page 194:** Napkins and cutlery, The Terrence Conran Shop. Dishes, Vietri. Glass with flowers, ABC Carpet & Home. **Page 196:** Pasta bowl and beaker with utensils, ABC Carpet & Home. Ramekin, Cho, www.chohome.com. Placemat, Crate & Barrel. **Page 198:** Square green bowl, Crate & Barrel. Bowl with shrimp stir-fry and rice, The Terence Conran Shop. Bowl with rice, Potluck Studio, www.puneconehill.com. Striped napkin, ABH Designs







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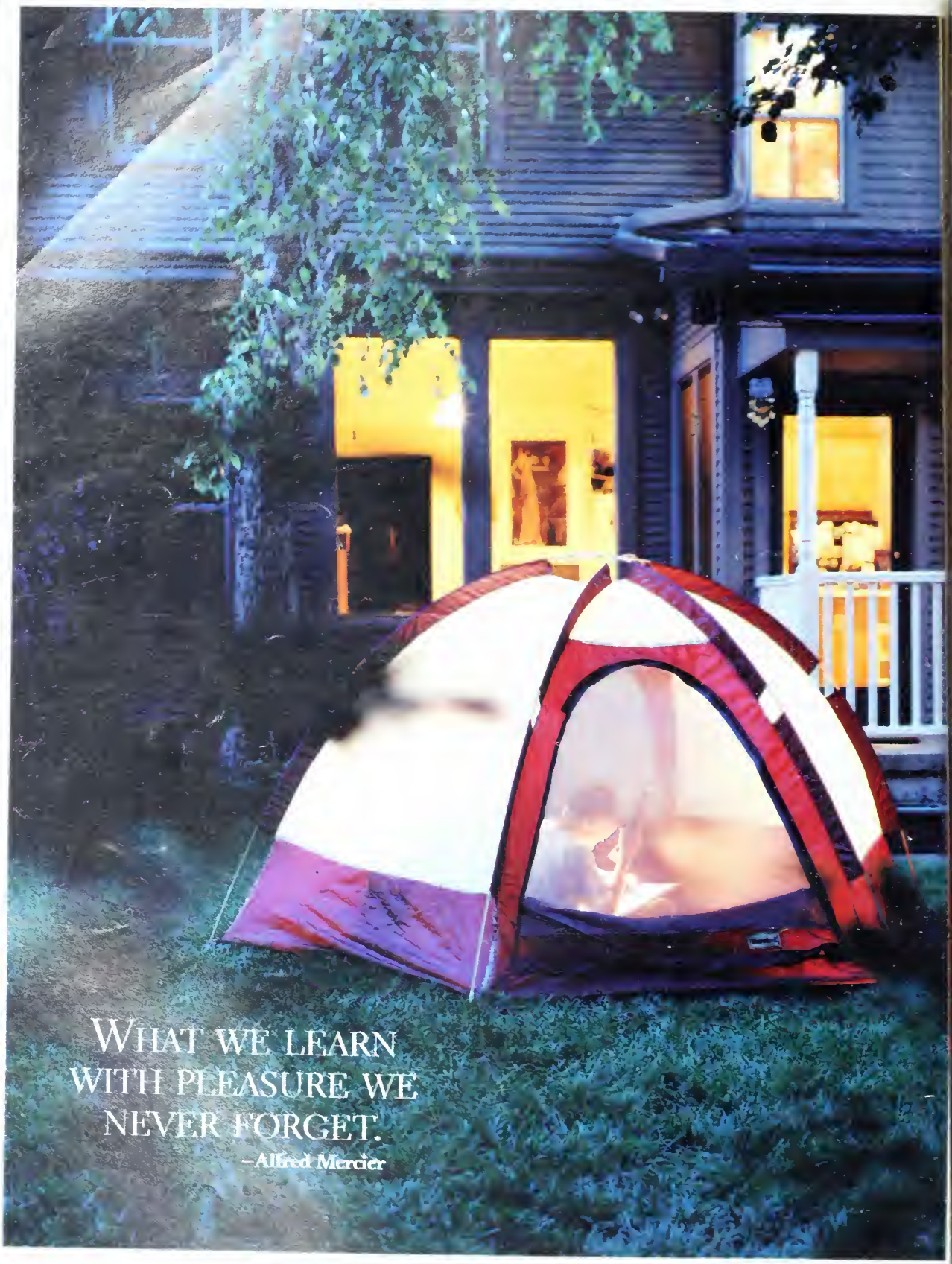
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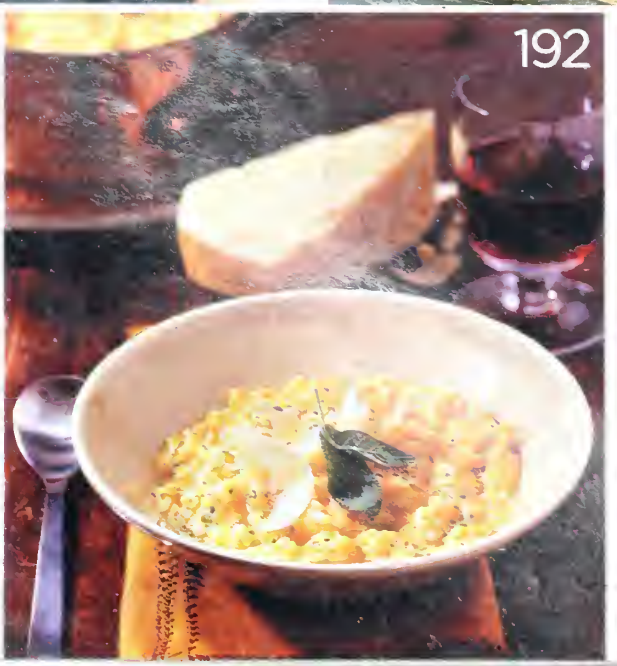
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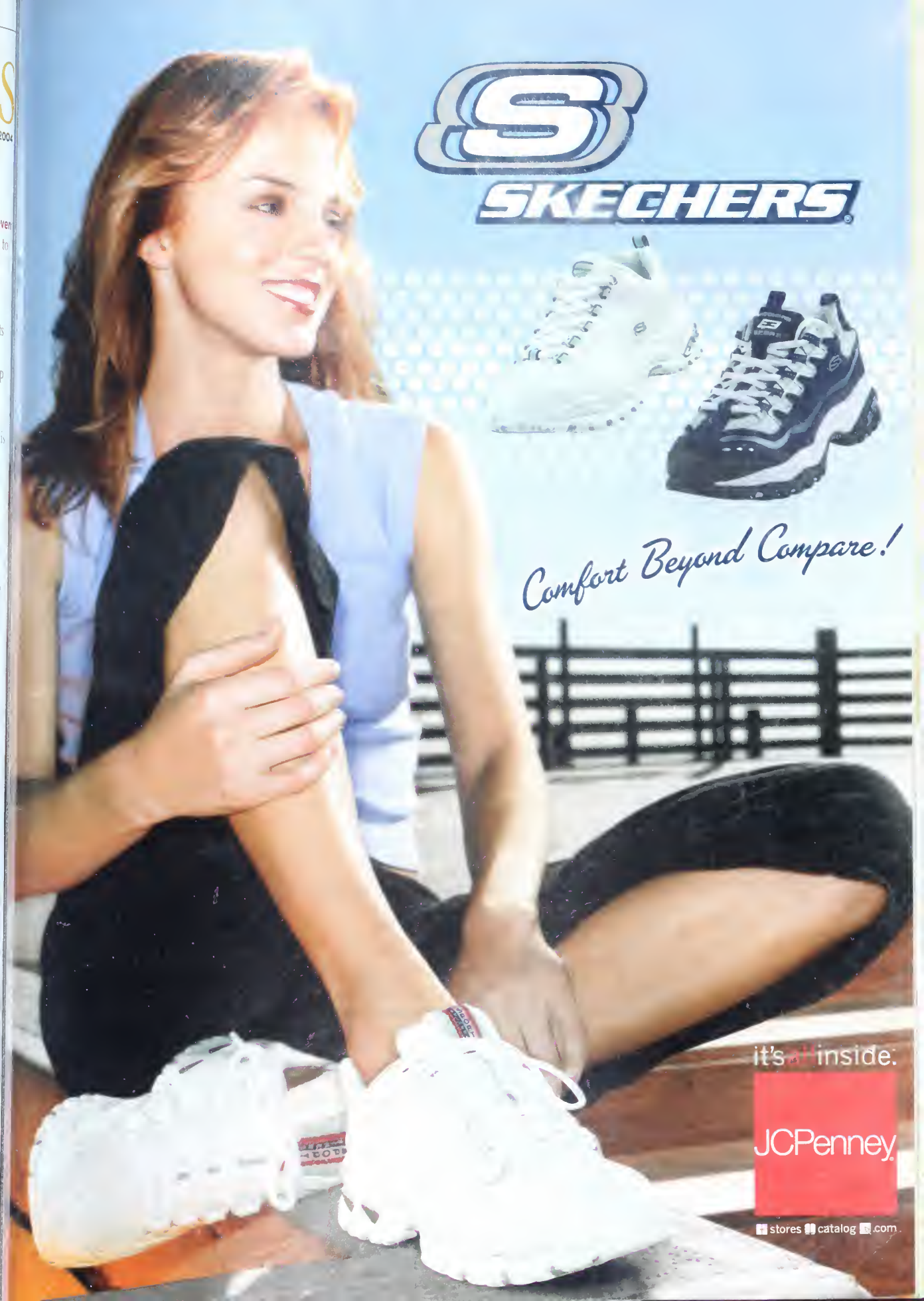
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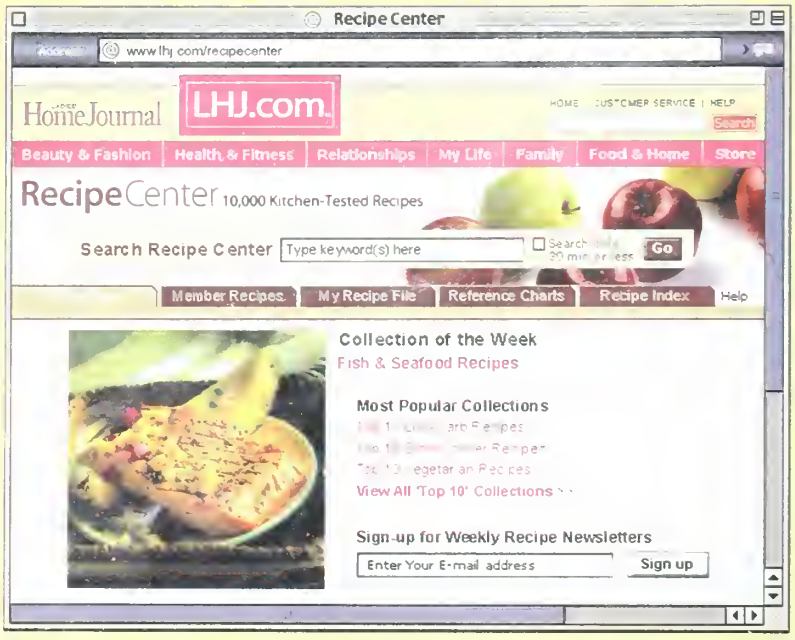
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welcome



Isn't autumn our most sensual season? The air is crisp and scented with pumpkin pies baking in the oven and the first lit fireplace, and our landscapes are a riot of color from the turning fall leaves against cobalt blue skies. It's as if you can whiff the possibilities on the wing of every breeze. All of this is why the season is my favorite, and it turns out it's a favorite of our cover subject–Julianne Moore–too.

I think you'll be surprised by your visit with her through our interview, on page 104, since she isn't at all like the intense, moody characters she has played, roles that have earned her such critical acclaim. She's a sunny, down-to-earth woman who doesn't want plastic surgery and does want to raise her children to be polite, responsible and good old-fashioned nice. I suspect it's her connection to her kids that allows her to bring such depth to her starring role in her new movie, *The Forgotten*, opening this month. It's a sophisticated, mind-bending psychological thriller about one woman's desperate struggle to solve the mystery of her son's death and its even stranger aftermath.

Moore is also a longtime New Yorker who feels great affection for this still-healing city. So it's appropriate that, on the third anniversary of the 9/11 attacks, we've devoted our Life Stories section (pages 131 to 142) to several women and one girl who are working in their own inimitable ways to help with the war on terror, and those who have been wounded by it. I won't give their stories away here, but I promise you'll be inspired.



I mentioned possibilities before, so if you're in the mood to explore yours, turn directly to page 74 for "Get Energized." We live our lives rooted in dailiness, and everyone knows that often it's a small miracle to get through a string of days without having a crisis at work, or one of the kids breaking an arm, or fighting with the guy who was supposed to have painted the living room–*last month*. And sometimes that guy is your husband! Well, a key to life satisfaction is to somehow poke your head up above the daily fray and look out onto the horizon so you see clearly the pursuits in life that will make you soul-happy–whether that's pursuing a career as a teacher, following your dream of painting murals or moving to a beachside community. To get what you want, you first need to see through the pervasive myths about success and then focus on an action plan. This article will give you the tools to do that.



Have a festive fall. Whip up an easy, delicious pumpkin soup (page 192), carve a few for stylish decorations (page 153), or exult in life's possibilities (page 74)



Of course, it would help to be rested first, and that's a topic I'm personally pretty obsessed with. On page 118, you'll see that this month's topic in our ongoing Special Report is "Sleepless in America," and it's a comprehensive, eye-opening (sorry, couldn't resist!) report on the whys and hows of getting a better night's slumber. But don't hit the sack until you've spent a good long stretch enjoying everything this October issue of *Ladies' Home Journal* has to offer.

Diane Salvatore

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can this marriage be saved?

"Our Son Is Off to War and It's Tearing Us Apart!"



"We recently learned that our son Sean will be going to Iraq," said Annie, 53, a fund-raiser for environmental causes who has three children–Sean, 24, Tom, 21, and Jennifer, 19. "Since college, Sean has worked as a technology specialist for the State Department, but he joined the National Guard after 9/11. A few months ago, his unit was called for active duty. Some troops have already shipped out; others will go over the next few months. We won't know until it happens. Every morning I wake up and wonder: *Is today the day?*"

"Living in this limbo is horrible, especially when I feel so isolated from my husband. It's hard to explain: Charlie is just not present anymore. Even when he's home physically, he's distant and self absorbed. I'm sad, depressed and lonely; it's as if a dark malaise has settled over my life. Charlie and I have been together for 26 years but I barely feel a shred of connection with him. And that makes Sean's leaving even more difficult.

"People used to say our family reminded them of the old Michael J. Fox show *Family Ties*–you know, liberal parents, conservative son. And it's true that my husband and I are Democrats who opposed this administration's invasion of Iraq, while Sean's politics are distinctly right-leaning. But no matter how scared I am, I would never tell him he should not go. My role as a parent is to help my kids discover who they are.

"I met Charlie at a party in San Francisco. I was 24, fresh out of graduate school and focused on my career as an environmental engineer. Soon after we got married, Charlie, who's a microbiologist, was offered a research position at a medical center in Denver. We thought it would be a great place to raise kids. Once we moved, I easily found a job, too, and stayed at it until I had Sean.

"Those child-rearing years were busy, but great. We loved being involved in all the kids' activities. We began drifting apart when Jennifer started high school and I went back to work full time. I'd stayed in touch with my colleagues, so I was thrilled when they asked me to come back on staff. Since Charlie was working crazy hours, we weren't spending much time together anyway. This also

BY MARGERY D. ROSEN



meant that we hardly ever had sex.

"About four years ago, Charlie formed a biotechnology firm. We expected the new venture to be dicey financially, but the real problem is that one of his business partners is a lunatic. Charlie comes home every night wound tight as a corkscrew. He'll complain about this man, and I'll make a ton of suggestions, but he has never once taken my advice. Why discuss something if you're not going to do anything about it? I can be supportive up to a point, then I get annoyed. My perspective is, the first time you have a problem, it's the other guy's fault. The second time, it's *your* fault for not finding a solution.

"These days, neither of us can control our tempers. Something will set us off and we'll spend the night arguing—something we never used to do. I fell in love with Charlie because he was easygoing and fun, whether we were skiing, mountain biking or playing Scrabble. But to be honest, I don't enjoy being with him anymore, and I think he feels the same way about me. Recently I planned a weekend in Aspen, thinking it would be a romantic getaway. But instead of going hiking with me, Charlie went off by CONTINUED

can this marriage be saved?

himself to read, disappearing for hours. I was enraged.

"At home, he disapproves of everything I do. A few months ago, we agreed to renovate the kitchen. I was excited to have a project to work on together, but after an hour in Home Depot, he asked me to handle it. I didn't mind doing all the work but hated his nightly criticisms: The cabinets don't line up, the countertops should be granite, not slate. He never once offered praise.

"When your daily interactions are mostly negative, good feelings are hard to come by. The news about Sean's leaving has made things even worse. I'm trying not to dwell on it, but that's like ignoring a two-ton elephant in your living room. The situation in Iraq gets worse by the day. But if I start to talk to Charlie about my fears, he cuts me off: 'We discussed this already! Let's move on.' But if I can't talk to my husband about our son going to war, who *can* I talk to?

"We both support Sean's decision; on that we've never disagreed. But our marriage feels dead. I don't want a divorce—we have so much history—but I can't continue this way."

"I don't want to get divorced any more than Annie does," said Charlie, 55. "I love her, love our family. But I'm also frustrated by how distant we've become.

"The fact that Sean could go to Iraq any day is a steady drumbeat in our lives and it's ramped up our problems. But I keep telling Annie, 'You can't change the Pentagon's mind. What's the point of talking about it?' Naturally, I'm afraid, too. Anytime you hear about car bombs and mines, you're aware that it's somebody's child. I did not support this war, but I do support the soldiers who are fighting it. Sean is well trained and I pray that will keep him safe.

"The truth is, Annie and I haven't been happy for a long time. She's always been impatient, but now she's become nasty. If I miss the exit on the parkway or forget to pick up something, she calls me an idiot. I feel sandbagged by these skirmishes.

"Annie gets particularly irritated about my work. She's energetic and no nonsense in figuring out what to do—and I've always loved that about her. But I prefer to mull things over and allow a decision to unfold over time. Becoming a partner in this new firm has been more stressful than I ever imagined. I can deal with the financial risks. But one of my partners, whom I knew only as a business acquaintance, has turned out to be a poisonous personality who thrives on public displays of rage—with me as his favorite target. Figuring out how to deal with him is a daily trial. When I talk about this with Annie, I'm not looking for a 1-2-3 solution; I'm just trying to clarify my thoughts. Annie pressures me to do this or that, and when I don't, she accuses me of ignoring her.

"The kitchen renovation has become a sore point, too. Annie's doing a great job, but if I notice that the cabinets aren't aligned, aren't I allowed to say so? I don't deserve to be hit with one of her stinging remarks.

"The Aspen trip was another disaster. It had been a long time since I'd had the luxury of sitting quietly and reading a book. I was *not* ignoring her. When I strolled back to the inn, feeling calm for the first time in days, I had my head handed to me. We ended up arguing all afternoon.

"I don't know why we can't communicate anymore. Maybe we never did, and we just didn't notice when the kids were young. They were our common project, but once they needed us less, it left a void that we haven't been able to fill. And, unfortunately, that has taken a terrible toll on our sex life. I can't even remember the last time we made love.

"It would be so nice to feel close, especially with Sean leaving. The truly sad part is that, just when we need each other most, Annie and I can't draw on the love and friendship we used to share. Some days I think it's too late, that too much ill will has built up. But I couldn't live with myself if I didn't at least try to salvage our marriage."

> "Just when we need each other most, we can't draw on our love"

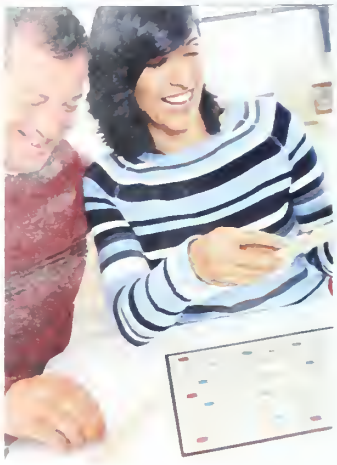
"Annie and Charlie's marriage had veered off course years ago," said the counselor, "but their son's imminent deployment to Iraq ratcheted up the tension between them. They had a strong foundation that was grounded in love, but after years of neglect, it was in desperate need of repair.

"While they were raising their kids, Charlie and Annie put their marriage on autopilot. Over the years, they fell out of the habit of communicating, verbally or physically. In time, Annie slipped into a spiral of negativity, storing up anger until the slightest incident triggered an outburst. Charlie, accustomed to a critical wife, minimized contact to avoid confrontation, which made the situation worse because CONTINUED

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can this marriage be saved?



"Annie needed to talk about her fears for her son"

Annie took his withdrawal as a sign that he didn't love her. This, in turn, fueled her ongoing hurt and tendency to strike back in anger. The crisis with Sean forced them to face the huge gulf between them.

"Annie, for example, had developed an almost knee-jerk reaction of thinking negatively about her husband. Instead of withholding judgment or asking for more information when he did or said something that distressed her, she automatically assumed he was failing her or being critical and went into attack mode. As her resentment became entrenched, it seeped out in sarcastic, hurtful remarks that made him retreat even further. When they recounted various disagreements in my office, I encouraged Charlie to explain what he had been thinking and feeling in each situation. Annie assumed her husband's withdrawal after work or on their weekend trip meant he wasn't interested in being with her, when, in fact, his need for serenity was prompted by his stressful workdays.

"Before therapy, these two spent a lot of time chronicling what was wrong instead of expressing their needs and feelings. 'Identifying what you *want*, rather than what you *don't* want,' I said, 'leads to solutions and an overall positive feeling.' For example, Annie could say, 'Honey, I'm feeling anxious about Sean. I'd like to talk for a few minutes.' To stop disagreements from escalating, Annie had to learn to recognize when her tone was harsh. Substituting words like 'seldom,' 'sometimes' or 'occasionally' for 'always' and 'never' also took the sting out of her comments.

"As the overall tension ebbed, Charlie and Annie used their newfound collaborative skills to negotiate daily decisions peacefully, such as the choice of a window treatment for the kitchen. They both also began to suggest activities they could enjoy together—whether taking a walk or sitting down to a game of Scrabble. Reinfusing their lives with meaning also revitalized their long-dormant sex life. To help that along, they decided to go to bed earlier, read, talk and see where the closeness led.

"By assuming good will toward each other, they were able to feel like allies instead of adversaries. This was crucial if they were to deal with their son's departure. Charlie's 'I just won't think about it' attitude infuriated Annie because she desperately needed to talk about her fears. So did Charlie, for that matter.

"As more units were called up and the son of a close friend was sent overseas, the stress level soared. During one session, Annie admitted that she was terrified but reiterated that she didn't want her son to think she disapproved of his choice. I suggested that it might be important for her to express her true feelings in a loving way. One weekend when Sean was home, the two of them took a drive and she told him how she felt.

"She told me he hugged her and said, 'I understand how you feel, Mom, and I love you for it.' He admitted he was scared, too, and that while he had initially supported the war, he now had his own doubts about how some of it was being handled. Still, it was his job, so he was going to go.

"The conversation lasted only 20 minutes, yet Annie felt enormous relief. 'I don't need long discussions or easy solutions,' she told me. 'I just need to have someone I love know what's on my mind.'

"The couple still have enormous anxiety about their son, but both feel more in control since they are sharing the burden. 'Families of servicemen struggle to strike a balance between healthy apprehension and paralyzing terror,' Annie said, adding, 'I don't think I could get through this without my husband.' That's a marriage in the best sense."



"Can This Marriage Be Saved?®" is the most popular, most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Susan Heitler, Ph.D. (above), a clinical psychologist in Denver. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?®" is a registered trademark of Meredith Corporation.

With whom do you sympathize more—Annie or Charlie? Tell us at www.lhj.com/talkmarriage

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bout who I used to be,

I enjoy who I am

was this marriage saved?

"We Were Living Like Roommates"

Their fights got so bad, he eventually moved out—then they learned how to see each other's point of view



"We both wanted to be right all the time," says Tony Rezac, shown here with his wife, Lisa

Five days after their wedding, in Seattle in 1997, Tony and Lisa Rezac headed for New York City. The starry-eyed young couple, who'd saved some money from his bartending and her waitressing, drove cross-country with their belongings in a U-Haul. "We took on a lot," Tony says. "By the time we found an apartment and I got a job tending bar, we were down to our last $35." Lisa, who dreamed of becoming an actress, took out student loans to enroll in a two-year acting course. Predictably, the financial strain and the adjustment to a new city soon took their toll. "We fought constantly," Lisa recalls, "about money, household chores, whether to stay in New York, you name it. We were too angry even to show affection, let alone make love."

"Essentially, we were no more than roommates," says Tony, "with none of the pluses of being married." Four years into the marriage, he moved out, bunking at a friend's. Lisa was shocked into looking for help, which she found in a book about Imago Relationship Therapy. The couple found a certified Imago therapist, Ellen C. Weber, DCSW, who counseled them for two years. "Ellen taught us a technique called 'mirroring' that changed the way we communicate," says Tony, who soon moved back home. "For example, Lisa might say, 'I feel overwhelmed by the housework because you never help.' Before, I would have become defensive and said, 'I work long hours and don't need you to boss me around the minute I get home.' Now I say, 'If I heard you correctly, you're frustrated because I don't pitch in.' She'll say, 'That's right.' Then I'll say, 'I understand your problem. But my problem is that I'm exhausted and feel that you're issuing orders.' Then she'll mirror what I said, and so on, until we reach a compromise. This one little skill transformed our marriage!"

Lisa, 34, and Tony, 38, finished therapy a year ago. We recently checked in on them.

Tony: The "mirroring" is more challenging without a therapist as mediator. But we're getting better at it.

Lisa: Yes, there's a tendency to jump in with your own perspective on a hot-button issue. But we stop ourselves and use the language we learned in counseling.

Tony: The best part is that if things are going well in the relationship, things also go well in the bedroom. Instead of hurting each other's feelings, we now empathize. That translates into a desire to be intimate.

Lisa: Absolutely. And we're having fun again. We try ethnic restaurants and go to the theater.

Tony: Having more financial freedom is a huge help. I now have my own practice as a rolfer, a type of massage therapy, and I'm doing very well.

Lisa: I'm segueing out of acting into TV production, which pays better. And we've been able to travel, including a trip to Mexico last year.

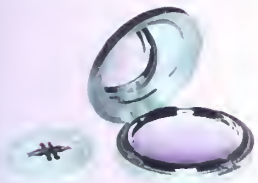
Tony: We're also talking about having kids, which I always resisted. But now I'm excited about the idea.

Lisa: That makes me happy. I know we can be good parents. For the moment, though, I'm just glad to be married to the man I love!

BY SONDRA FORSYTH

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Scenes from an Alaskan love story (clockwise from left): Jon Nierenberg and his sled dogs with North America's highest peak, Mount McKinley, in the background; Jon and Karin on their wedding day, October 6, 1991; today, outside the lodge the couple run, near Denali National Park; Karin and Jon with his beloved lead dog, Koala



To the Ends of the Earth

Would you move 3,000 miles to live without water and electricity in the middle of the tundra . . . for love? This single mom did



It all started with a photograph. In May 1990, Karin Goren-Bourne, a 36-year-old single mom and part-time business student, was taking a study break at her local library, in Canton, Ohio, when she began leafing through *Alaska* magazine. On the last page, a column called "Lasting Impressions" featured a story about a Denali National Park ranger identified as John Reinauer, who had just completed a two-month dogsled trek along Alaska's fabled Iditarod Trail. The story, and especially the man's photo, mesmerized Karin. "His face stirred my soul," she says.

Pushing aside her textbooks, she penned a letter to the editor. "There's something magical about a person who can accomplish so much with a pack of dogs," she wrote. "Please tell me more about this wonderful man."

Back in Alaska, Jon Nierenberg was surprised to read about himself in the same magazine. It had been a year since he'd made the trek—a journey that coincided with an annual dogsled race. Jon had arrived at the competition's halfway point, the old mining town of Iditarod, two days ahead of the official competitors. Having little to do until the racers appeared, a reporter on the scene interviewed Jon, then misremembered his last name. When Jon wrote *Alaska* to correct the mistake, the editor apologized and forwarded Karin's fan letter. "I was flattered," Jon says. "I figured I might as well write back."

Six weeks after her night at the library, Karin received an envelope postmarked "Fairbanks, AK." She remembers thinking, "This is a letter from my future husband." A nightly ritual—composing long missives to a faraway man who felt like an old friend—quickly ensued. Jon admits to being a bit unnerved by the daily blitz of letters, but he was also charmed by their author's candor and vitality.

As he learned more about Karin—the fact that she didn't make much money, that she was dedicated to providing a better life for CONTINUED

BY HEATHER MUNDT

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her children, Marshall, 16, Sera, 14, and Jacob, 12–Jon "came to admire her character," he says. He wrote back with stories of his peaceful life outside Healy, near the park, and his adventures with his huskies.

A New Jersey native, Jon had worked for the National Park Service throughout the U.S., landing a seasonal road-patrol position at Denali in 1982. That same winter, he volunteered to help train the park's sled dogs; he was so taken with the sport that by 1983 he'd acquired his own seven-dog team. Building a small log cabin on 32 acres that he homesteaded, he soon fell into the rhythms of a solitary Alaskan existence. His work yielded enough money to meet his basic needs and gave him time to explore the backcountry. He often went for two months without seeing another person. "It was lonely sometimes," Jon admits. "But I was *not* a confirmed bachelor. I knew I'd find the right person eventually."



Karin and Jon with the two newest members of their team of huskies, Romulus and Remus

Before long, the pair were exchanging photos and phone calls. Their growing affection for each other was tempered only by pragmatism. Given the distance between them and their radically different lifestyles, how could a relationship work? Then in August, Karin and daughter Sera made Jon a gift for his 32nd birthday: a grapevine wreath adorned with miniature, handmade, stuffed dogs, each painted to resemble one of his huskies. "The birthday present clinched it," Jon says. In October, en route to visit his family in New Jersey, he stopped in Ohio to see Karin. From their first embrace at the airport, she says, "It was like, 'Here you finally are.'"

Her children were equally smitten. Jon immediately assumed the role of warm father figure. He took them clothes shopping, involved himself in their hobbies and baked them his trademark cinnamon brownies.

As 1991 dawned, Karin and the kids loaded their belongings into Karin's Subaru and headed west to Washington State. "I'd struggled so hard for so long," Karin says, noting that her teenagers were surprisingly amenable to having their lives uprooted. "Maybe they were willing to move because in their hearts, they knew their mom was finally happy."

For six months, Karin split her time between Washington and Alaska while the kids stayed with her sister in Seattle. "I didn't want her to commit to bringing the whole family here until she knew she could take the isolation, and the endless winters," Jon says.

In truth, nothing could have prepared the family for the culture shock that awaited them when they made the official move up north in the summer of 1991. Instead of agonizing over every penny, they had to worry about making sufficient noise to ward off moose and grizzly bears. Grocery shopping entailed a two-hour drive to Fairbanks–preceded by a 45-minute wait for the car to warm up. Their new home lacked both electricity and running water, and they endured frigid nighttime trips to the outhouse and 3½-mile treks to the bus stop on skis or by dogsled or snowmobile. "It was tough," acknowledges Karin, "but phenomenally exciting, too."

To ease the transition, Jon set to work on amenities, building a separate two-story cabin–replete with two bedrooms for the kids, a bathroom with a tub (but no running water) and a sauna–that connected to the original cabin via a family den. He earned the boys' lasting esteem when he constructed a regulation-size plywood basketball court in the forest behind the cabin. Meanwhile, Karin domesticated the décor with handmade curtains, quilts and pillows.

The couple married on October 6, 1991, one year to the day after they met. Karin wrote a second letter to *Alaska*, this time describing their unlikely love story. The magazine, to her delight, published it with the headline, "Now *That's* a Lasting Impression."

Today, 13 years later, the children are grown–all remain in Alaska–and the couple have swapped their rugged homesteader life to run Earth-Song Lodge, near Denali, which offers year-round accommodations and winter dogsled expeditions.

Karin and Jon remain thrilled by the serendipity that united them. "I still have to pinch myself," she says. "To me, it's truly a miracle."

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family matters

LOOK WHO'S *NOT* TALKING



Anyone who's been doing her homework knows that girls are less likely than boys to participate in classroom discussions. The sad surprise is that this gender gap starts as early as second grade. Allyson Julé, Ph.D., author of *Gender, Participation and Silence in the Language Classroom: Shushing the Girls*, spent a school year observing a second-grade teacher interact with her students and found that boys spoke 10 times more often, and at greater length, than girls during lessons. Dr. Julé says the teacher's unwitting behavior—making more eye contact with boys, singling them out more—may have sent messages downplaying the importance of what girls have to say. Dr. Julé suggests parents of girls work especially hard at home to counter these signals, for example, encouraging daughters' opinions at the dinner table, while asking sons to sometimes observe and listen. *—Stephanie Emma Pfeffer*

Gender-Bending Wedding Rituals

The white dress. The cake. The bride and groom. The Man of Honor and the Best Woman. Huh? That's right. These days, more and more young couples are asking close friends of the opposite sex to stand at their side at the altar. "It's a trend we're seeing coast to coast," says Rosanna McCollough, editor in chief of the Web site weddingchannel.com.

There are no rules when it comes to groomswomen and bridesmen, but traditions are hatching. According to Sharon Naylor, coauthor of *Your Day, Your Way*, the Man of Honor often wears the same tuxedo as the groomsmen but with a twist, such as a different-color bow tie. The Best Woman might wear a black dress if the bridesmaids sport colorful ones. But don't expect to see a Man of Honor holding the bouquet, and since dresses seldom have pockets, the Best Woman has to hold the ring tight in her palm. *—Brian Underwood*

Helping Seniors Get Online

Try to imagine a world without e-mail. Can't? Well, for 78 percent of U.S. senior citizens, life remains Internet-free, according to a report by the Pew Internet & American Life Project. And yet, says Susan Williams, a spokeswoman for the AARP, "there are so many things seniors say they want to use the Internet for, such as reconnecting with friends and reducing isolation."

To find Internet training for seniors near you, start at your local library. The Chicago Public Library system, for instance, runs a program called Senior Navigators, in which college students teach Web-surfing skills. Ask your librarian if similar programs exist in your community, or contact nearby senior centers.

Or send Grandma and Grandpa back to school. Many high schools have computer-training programs for seniors taught by young students. Also, EarthLink's "GenerationLink" program places seniors with local high-school students. For more information, contact *www.earthlink.net/about/generationlink*.

—Evita Nancy Torre

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rtant information:

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people with heart failure should not take REMICADE. If you develop new or worsening symptoms of heart failure such as shortness of breath or swelling of your ankles or feet, ur doctor right away if you develop new or worsening symptoms of heart failure such as shortness of breath or swelling of your ankles or feet.

are reports of serious infections, including tuberculosis (TB) and serious infections that have been fatal. Tell your doctor if you have had recent or past exposure to people with TB. Your doctor may want to test for TB and perform a skin test. If you have (inactive) TB your doctor should begin TB treatment before you start REMICADE. Tell your doctor if you have a history of infections, currently one, or develop one while taking REMICADE. Tell your doctor if you have lived in a region where blasmosis or coccidioidomycosis is common. Tell your doctor if you have had unexplained fever, cough, shortness of breath, nervous system, or if you experience umbness, weakness, tingling, or visual disturbances.

are also reports of serious infusion reactions, some of which occurred up to several hours after treatment. In clinical studies, some people ienced the following common side effects: upper respiratory infections (sinus infections and sore throats), coughing, and ache pain or mild reactions to infusion such as rash or hives. Please read additional information on the reverse side.)

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Patient Information Sheet
You should read this information sheet before you start using REMICADE (pronounced rem-eh-kaid) and before each time you are scheduled to receive REMICADE. This information sheet does not take the place of talking with your doctor. You and your doctor should talk about your health and how you are feeling before you start taking REMICADE while you are taking it and at regular checkups. If you do not understand any of the information in this sheet, you should ask your doctor to explain what it means.

What is REMICADE?
REMICADE is a medicine that is used to treat adults with moderately-to-severely active rheumatoid arthritis and Crohn's disease. Your doctor has decided to treat you with REMICADE because your disease is still active even though you have tried other treatments.

How does REMICADE work?
The medicine REMICADE is a type of protein that recognizes, attaches to and blocks the action of a substance in your body called tumor necrosis factor. Tumor necrosis factor (TNF) is made by certain blood cells in your body. REMICADE will not cure rheumatoid arthritis or Crohn's disease, but blocking TNF with REMICADE may reduce the inflammation caused by too much TNF in your body. You should also know that REMICADE may help you feel better but can also cause serious side effects and can reduce your body's ability to fight infections (see below).

What should I know about the immune system, and taking REMICADE for Rheumatoid Arthritis or Crohn's Disease?
The immune system protects the body by responding to "invaders" like bacteria, viruses and other foreign matter that enter your body by producing antibodies and putting them into action to fight off the "invaders." In diseases like rheumatoid arthritis and Crohn's disease, your body's immune system produces too much TNF. Too much TNF can cause your immune system to attack healthy tissues in your body and cause inflammation. If this condition is left untreated, it can cause permanent damage to the body's bones, cartilage and tissue.

While taking REMICADE can block the TNF that causes inflammation, it can also lower your body's ability to fight infections. So, taking REMICADE can make you more prone to getting infections or it can make an infection that you already have worse. You should call your doctor right away if you think you have an infection.

What important information should I know about treatment with REMICADE?
REMICADE, like other medicines that affect your immune system, is a strong medicine that can cause serious side effects. Possible serious side effects include:

Serious Infections
- Some patients have had serious infections while receiving REMICADE. Some of the patients have died from these infections. Serious infections include TB (tuberculosis) and infections caused by viruses, fungi or bacteria that have spread throughout the body. If you develop a fever, feel very tired, have a cough, or have flu-like symptoms these could be signs that you may be getting an infection. If you have any of these symptoms while you are taking or after you have taken REMICADE, you should tell your doctor right away.

Heart Failure
- If you have been told that you have a heart problem called congestive heart failure and you are currently being treated with REMICADE, you will need to be closely monitored by your doctor. If you develop new or worse symptoms that are related to your heart condition, such as shortness of breath or swelling of your ankles or feet, you must contact your doctor immediately.

Allergic Reactions
- Some patients have had severe allergic reactions to REMICADE. These reactions can happen while you are getting your REMICADE infusion or shortly afterwards. The symptoms of an allergic reaction may include: hives; raised, itchy patches of skin; difficulty breathing; chest pain and high or low blood pressure. Your doctor may decide to stop REMICADE treatment and give you medicines to treat the allergic reaction.

- Some patients who have been taking REMICADE for Crohn's disease have had allergic reactions 3 to 12 days after receiving their REMICADE treatment. The symptoms of this type of delayed reaction may include fever, rash, headache and muscle or joint pain. Call your doctor right away if you develop any of these symptoms or any other unusual symptoms such as difficulty swallowing.

Nervous System Disorders
- There have been rare cases where patients taking REMICADE or other TNF blockers have developed disorders that affected their nervous system. Signs that you could be having a problem include: changes in your vision; weakness in your arms and legs; and numbness or tingling in any part of your body.

Important Information
[illegible] have been treated for rheumatoid arthritis or Crohn's disease for a [illegible] more prone to a type of blood cancer called lymphoma. There have been [illegible] who were taking REMICADE developed other types of cancer, but the [illegible] taking REMICADE that developed cancer does not seem to be much different [illegible] would expect to see in people who are not taking REMICADE.

[illegible] patients have developed symptoms that can resemble a disease called lupus. [illegible] symptoms may include chest discomfort or pain that doesn't go away, shortness of breath, pain or a rash on the cheeks or arms that gets worse in the sun. If you have any of these symptoms, your doctor may decide to stop your treatment with REMICADE.

What are the more common side effects of REMICADE?
The more common side effects with REMICADE are respiratory infections (such as sinus infections and sore throats), coughing and stomach pain.

Who should not take REMICADE?
YOU SHOULD NOT take REMICADE if you have:
- Heart failure, unless your doctor has talked to you and decided that you are able to take REMICADE.
- Had an allergic reaction to REMICADE or any other product that was made with mouse proteins.

What health concerns should I talk to my doctor about?
Before receiving your first treatment with REMICADE you should tell your doctor if you:
- Have or think you may have any kind of infection. The infection could be in a place in your body (such as an open cut or sore), or an infection that affects your whole body (such as the flu). Having an infection could put you at risk for serious side effects from REMICADE.
- Have an infection that won't go away or a history of infection that keeps coming back.
- Have had TB (tuberculosis), or if you have recently been with anyone who might have TB. Your doctor will examine you for TB and perform a skin test. If your doctor feels you are at risk for TB, he or she may start treating you for TB before you receive REMICADE therapy.
- Have lived in or visited an area of the country where an infection called histoplasmosis or coccidioidomycosis (an infection caused by a fungus that affects the lungs) is common. If you don't know if the area you live in is one where histoplasmosis or coccidioidomycosis is common, ask your doctor.
- Have or have previously had heart failure or other heart conditions.
- Have or have had a condition that affects your nervous system, like multiple sclerosis or Guillain-Barré syndrome, or if you experience any numbness, or tingling, or have a seizure.
- Are pregnant or nursing.
- Have recently received or are scheduled to receive a vaccine.

Can I take REMICADE while I am on other medicines?
Tell your doctor if you are taking any other medicines including over the counter medicines, supplements or herbal products before you are treated with REMICADE. If you start taking or plan to start taking any new medicine while you are taking REMICADE, tell your doctor.

REMICADE and KINERET should not be taken together.

How will REMICADE be given to me?
REMICADE will be given to you by a healthcare professional. REMICADE will be given to you by an IV. This means that the medicine will be given to you through a needle placed in a vein in your arm. It will take about 2 hours to give you the full dose of medicine. During that time and for a period after you receive REMICADE, you will be monitored by a healthcare professional. Your doctor may ask you to take other medicines along with REMICADE.

Only a healthcare professional should prepare the medicine and administer it to you.

How often will I receive REMICADE?
Rheumatoid Arthritis
If you are receiving REMICADE for rheumatoid arthritis, you will receive your first dose followed by additional doses at 2 and 6 weeks after the first dose. You will then receive a dose every 8 weeks. Your doctor will monitor your response to REMICADE and may change your dose or dose you more frequently (as often as every 4 weeks).

Crohn's Disease or Fistulizing Crohn's Disease
If you are receiving REMICADE for active Crohn's disease or fistulizing Crohn's disease, you will receive your first dose followed by additional doses at 2 and 6 weeks after the first dose. You will then receive a dose every 8 weeks. Your doctor will monitor your response to REMICADE and may change your dose.

What if I still have questions?
If you have any questions, or problems, always talk first with your doctor. You can also visit the REMICADE internet site at www.remicade.com.

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Surviving and Thriving





What Movie Ratings *Really* Mean

Trying to figure out whether a film is appropriate for your adolescent? Don't expect much guidance from the Motion Picture Association of America's age-based ratings system. Not only is the system confusingly broad (an uplifting film like *Billy Elliot*, for instance, fell under the same "R," or "Restricted," umbrella as Quentin Tarantino's blood-drenched *Kill Bill* franchise), but it has undergone significant "ratings creep" over the past decade, according to a new study from the Harvard School of Public Health. "Today's PG and PG-13 movies are approaching what R movies looked like in 1992," says study co-author Kimberly Thompson.

Until the ratings are revised—or Congress steps in to regulate—members of the National Association of Theater Owners, fearing Federal Trade Commission fines, are becoming increasingly vigilant about keeping teens out of R-rated movies, which under-17-year-olds can see only if they are accompanied by an adult. Owners post employees in front of entrances, sweep theaters before the lights go down and conduct "mystery inspections" to make sure the box office is checking IDs. To circumvent some of these problems, the Springfield, Illinois–based GKC theater chain began issuing "R-cards" last spring. For $2 and a parent's signature, the card lets kids under 17 see R-rated movies at any GKC theater without an adult.

Parents seeking more in-depth evaluations of a film's suitability for teenagers should check out *www.kids-in-mind.com*. —*Deborah Baer*

When Young Love Turns Violent

It's a common fallacy: *Our daughter, parents tell themselves, would never get involved in an abusive relationship. Or that's true of middle-class girls or privately or sexually abused girls or girls with substance problems.* According to the *Journal of the American Medical Association*, 20% of teens put the figure even higher. The fallout can include early sexual activity, pregnancy, increased risk of substance abuse, eating disorders—even suicide.

What constitutes abuse? It can range from a slap to a verbal outburst to pressure to have sex. But like many adult victims, says California Superior-court judge Eugene M. Hyman, "teenage girls often deny or recant the fact that abuse is happening." That's one reason many schools have begun programs to teach students about unacceptable behaviors. Log on to *www.loveisnotabuse.com* or *www.breakthecycle.org* for more. —*Joan Lisante*

Should Teens Diet?

They wouldn't need to if they just *moved* more, says a new study from the University of California, San Diego School of Medicine. Lack of physical activity, not poor diet, was found to be the primary factor among 11- to 15-year-olds who are overweight. "Parents focus too much on what their teens eat and not enough on how much energy they use," says Kevin Patrick, M.D., the study's principal researcher. "Even minor imbalances in the diet and physical activity 'equation' for an adolescent can lead to a gradual increase in weight."

So how do you get your teen off the couch? For starters, limit his daily TV time and stop driving her to places she could easily reach on foot. —*Caroline Stanley*

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United Health Foundation

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U.S. Preventive Services Task Force. Screening for Obesity in Adults: Recommendations and Rationale. November 2003. Agency for Healthcare Research and Quality, Rockville, MD.

my life as a mom

What Am I, the Maid?

Apparently my kids hail from the planet Slobovia, which renders them incapable of cleaning up after themselves. Luckily, I found a secret weapon



A creepy feeling possessed me as I extracted a damp, reeking Speedo that had been ripening for days in my daughter, Lila's swim bag. Maybe I was overcome by the heady funk of cooked chlorine—she'd thoughtfully drop-kicked the bag beneath a hissing radiator. Suddenly, a primordial Mom-ism escaped my lips at *Exorcist* volume: "What am I, your maid?"

I clapped a hand over my mouth—*aaaak!* Was I turning into my mother? I'd like to think that my own progressive parenting has helped me escape some of the sloppy-kid frustrations that had prompted Mom to stand at my bedroom door and bellow that same tiresome question above the roar of her Sputnik-shaped Hoover. Alas, it's just the opposite. In Lila, 12, and Sam, 14, I have a pair of offspring from the planet Slobovia. That's just to the left of the Swine Star—in the Filthy Way galaxy.

Thankfully, they're fastidious about personal hygiene. But around the house, they're hopeless: messy, lazy and laundry impaired. Their best energies are expended in creative chore avoidance. They parry our enforcement efforts with classic kid gambits: Selective Auditory Dysfunction blocks out any parental talk containing such active verbs as *fold, rake, empty, fill, pick up*—even when uttered at point-blank range. The Feeble Fumble ploy—a favorite with males of all ages—involves doing a job so poorly—dish washing that leaves egg yolk intact, folding techniques that exponentially increase wrinkles—that sucker Mom dives in to do it right.

All this makes them no worse than most kids I know. But it's unlivable in a house with two working parents and a needy hound. "I can't go on like this!" I yawped when I landed on the floor of Sam's room, all but hog-tied by gym socks and GameCube cables. My husband, Mark, was maddeningly sanguine: "Oh, relax, it's just boy stuff." But even Mr. Mellow erupted when he found that the bounty of petrified Cheerios and Orville Redenbacher's Light lost in the new family-room sectional was supporting a robust family of field mice. "That's it!" Daddy-o bellowed. "No food in here ever again!" And to me: "We've spoiled them rotten. I hope you know that."

I swallowed the urge to point out his own neatness deficit disorder—particularly regarding wet towels—and agreed. Things had gotten out of hand. And we had our toughest challenge in the stubborn laundry problem known as Lila. If her brother's domestic crimes are chiefly those of teenage boy omission—clothes and shoes dropped willy-nilly, sticky bowls left on the coffee table—Lila's mess is a joyful, CONTINUED

BY GERRI HIRSHEY

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aggressive accumulation of mass. Chores—acts intended to stanch the lava flow seeping from her closet—are, to her mind, unnatural.

In hindsight, we should have seen it coming. Sam's room had always been fairly neat when Lila arrived to share it. Once she started walking, it looked like the altar of some cargo cult: Lego canisters brimming with severed doll limbs, play purses stuffed with yogurt cups, moldy Play-Doh. At age 2, Lila effected an extreme nursery makeover with the contents of an economy-size jar of Vaseline. The walls, the dresser, the door all shimmered. So did her hair and face. I soaped and rinsed her head three times, then dusted it with baby powder, hoping to absorb some of the petroleum product. As I crammed a wool hat over the resulting white dreadlocks, Lila giggled and sang out our hideous family destiny: "Piggy Lila, oh piggy pig pig."

Soon she had deposited some signature clutter in every room in the house. Recently, after days of panicked searching revealed that our Dust Bunny Queen had hidden my last decent business shirt behind the couch rather than fold it, I had to acknowledge the depths of our dilemma: Lila's inborn untidiness had ever-growing tentacles. Left unchecked it could bring down the house. Recalling the epic slag heaps of her grade-school years, Mark and I grew more afraid. Since personality traits can become greatly exaggerated in the dramatic teen years, she could soon develop Slobovian superpower.

I needed a secret weapon and in a nanosecond it came to me. While I had never been able to commit the mom hours to programming my Palm Pilot or cell phone, Lila could, for she is a fearless techno-whiz. Why not mediate our chore impasse by harnessing this virtue? I called a hasty meeting. "Okay, listen up!" I barked at Lila. "You'll be programming the portable phones and Mom's cell phone for speed dialing. Update the numbers and e-mail addresses in the Palm . . ." Lila flicked her ponytail. "Cool." Sam, who fancies himself a music mixologist, got his own assignments: "Here's a stack of CDs with songs marked to get into the computer, then the iPod. Manage my files. Make me a treadmill playlist labeled 'Mom Gym,' all high energy, and burn a CD of it for your aunt." It took them well over an hour but they didn't seem to mind: I folded the laundry in five minutes.

> The way to get teens to do their chores? Play to their strengths

Encouraged by this painless chore swapping, I started fine-tuning my motivational technique, too. My skinny boy, still waiting for his growth spurt, has voiced a desire to build muscle. I led him outside, where he stood before the twin peaks of mulch and topsoil that had to be wheelbarrowed up a slope from where the truck had dumped them. I demonstrated a shovel squat. "Quads!" I bellowed, then pitched a shovelful of mulch. "Biceps!" I timed Sam's sprints back with the empty wheelbarrow, barking like a $60-an-hour trainer: "Let's go for that personal best!"

The yard looks better—the house, too. Tailoring the duty roster to personal strengths has cut down on resistance. And we're still cutting deals: I invested a week's hard labor and my fingernails to transform Lila's outgrown girlie-girl room into the tiki-shack lair she craved—potted palms, aloha colors and rehabbed flea-market bamboo. She even helped paint. "If my room's not dorky I'll clean it," she promised. And she does—pretty much. Since all her pals pronounced her tiki lair cool, there's a certain pride of ownership.

We're not out of the woods—there are still tangles of Lila in many corners. But I can see a glimmer of daylight. And in the interest of full disclosure, I should fess up to my own chore lapses during a blissful two weeks last summer when, for the first time in 15 years, I found myself home alone. I went to bed leaving dishes in the sink. I never turned on the stove. Mom Camp! I was one happy Crusoe, able to stretch out in the hammock and calculate the meals not cooked, the endless driving slashed to minutes. I was downright giddy, until I picked up the mail with Sam's summer reading list for freshman English. High school! I walked back up the drive wondering, Will I ever prefer a neat empty nest to a messy full one? Sitting in our strangely silent house, I was elated to hear Lila call from her grandparents' house in Missouri, asking, "Do you miss me?"

"Of course, Sweetie."

And some day, not too far off, I'll miss your laundry, too.

Do you have advice or comments for Gerri, or stories to share? Write her at lhj.mylifeasamom@meredith.com.

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PRECAUTIONS

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RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production should not wear contact lenses. If contact lenses are worn, they should be removed prior to administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® Ophthalmic Emulsion.

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Systemic carcinogenicity studies were carried out in male and female mice and rats at the 78-week oral (feed) mouse study oral doses of 1, 4 and 16 mg/kg/day, evidence of a statistically significant trend was observed for lymphomas in females and the incidence of hepatocellular carcinomas in the high dose male group exceeded the control value.

In the 24 month oral (diet) rat study conducted at 0.5, 2 and 8 mg/kg/day, statistically significant increases in the incidence of pancreatic islet cell adenomas were observed in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID in each eye for a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the CHO-HGPRT Test, the mouse lymphoma cell assay, in mice and Chinese hamster in vivo bone-marrow, the mouse dominant lethal assay and the DNA-repair test in primary rat hepatocytes. It was, however, positive in the Sister Chromatid Exchange (SCE) test both in cyclosporine using human lymphocytes and in Chinese hamster ovary cells, and in the chromosome aberration test in Chinese hamster ovary cells, but was negative in the micronucleus test in mice. Cyclosporine has been shown to produce a dose dependent elevation of the frequency of sister chromatid exchange (SCE) in human lymphocytes in vitro. The significance of a positive effect in the induction of SCE [illegible]

No impairment of fertility was demonstrated in studies in male and female rats given cyclosporine orally at doses up to 15 mg/kg/day, approximately 15,000 times the human daily dose of 0.001 mg/kg/day, for 9 weeks (male) and 2 weeks (female) prior to mating.

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Pregnancy category C

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits [illegible] at oral doses up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID in each eye for a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

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Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of gestation through Day 21 post-partum, a maternally toxic level, exhibited an increase in postnatal mortality; this dose is 45,000 times greater than the daily human dose of 0.001 mg/kg/day, assuming the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

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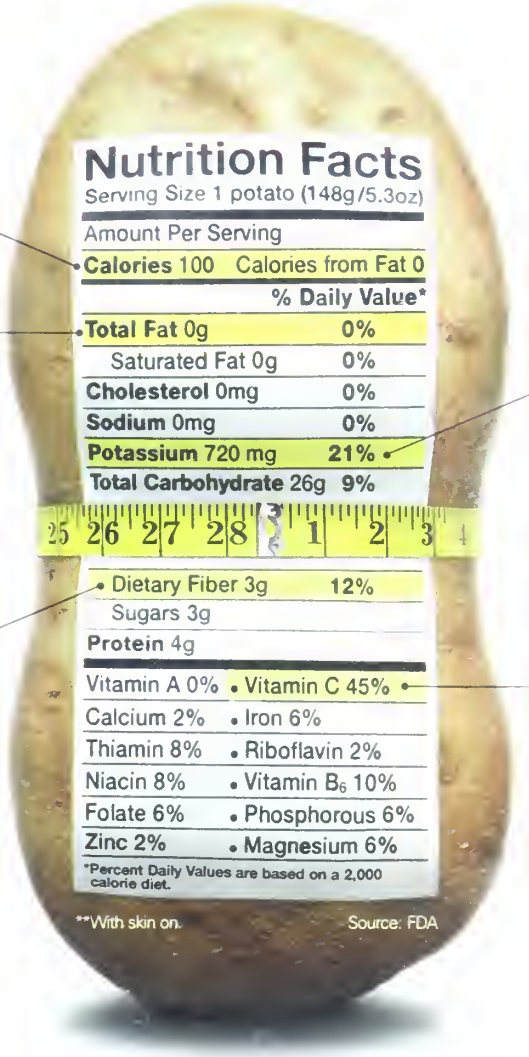
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Two Words Every Man Must Know: "Yes, Dear"

Sure, it's a TV sitcom cliché, but knowing how and when to use it in my marriage has saved me a lot of heartache



I like going to weddings because when you hear other people taking their vows, it's a good opportunity to reflect on how well you've been keeping your own. If you look closely at the guests during a wedding ceremony, you can usually tell by their body language how couples are doing. You see everything from spouses, like us, who still hold hands to disgruntled lifers who are fidgeting after each item on the matrimonial checklist: Love? Obviously. Honor? Occasionally. Forsaking all others? Um, let me get back to you on that.

After the ceremony ends and the drinking begins, wedding reception chatter quickly moves from deconstruction of the bridesmaids' dresses to speculation on the chances the newlyweds will actually make it—and then on to bold pronouncements about marital strategies. At a recent black-tie wedding, a guy came up to me while I was watching the couple have their first dance. Holding a drink (not his first) and puffing on a fat cigar, he turned to me and bellowed, "You wanna know the key to a successful marriage? I can sum it up in two words."

BY STEPHEN FRIED

And they are?

"*Yes, dear!*" he said, laughing uproariously as he wandered off, ice tinkling in his glass, to share his wisdom with others.

Ten minutes later, another well-lubricated guy came up to me with a variant.

"You know, in my marriage, I always have the last word," he said. "And the last word is *yes-dear*."

Normally I don't pay much attention to back-slapping party advice, but this stayed with me because this phrase perplexes and fascinates me. According to a study on "conjugal communications" in the *Journal of Marriage and the Family*, you'd be hard-pressed to find any two words with a wider range of possible meanings in a relationship, since they can connote "affection or hostility, interest or disinterest, encouragement or discouragement."

But if you ask me, I think these are without a doubt the two most passive-aggressive words in the entire marital lexicon. I can't imagine why any woman would want to be married to someone who constantly "yes, deared" her.

CONTINUED

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heart of a husband

What do you want, a bobblehead for a husband?

I think that the women who subscribe to this particular theory of marital bliss don't really understand what's going on when their husbands say "yes, dear." Let me explain. I am somewhat unpaired in the household chore area. I'm pleased to announce that I've made progress on my socks, a high percentage of which now reach the hamper, but I'm having more problems than ever getting dirty dishes from the sink to our rather intimidating new dishwasher. On the nights (or mornings) that Diane won't buy my standard excuse–that I was letting the dishes soak–we get into one of those extremely one-sided "discussions" about my household negligence.

Now, it may seem that the easiest thing for a husband to do in this situation is just say "yes, dear." But it's not that simple. If you say "yes, dear" too early in the harangue, you can actually make matters worse and increase your risk of getting whacked upside the head. (This is especially dangerous when dishes are involved–much safer with socks, which are difficult to throw very far or very hard.)

I try to stay with the lecture for as long as I can, and then my mind begins to wander: *What's on TV tonight? Should I get new glasses? Will the 'Sixers make the playoffs?*

At this point, I start feeling bad because I know that I'm about to completely tune her out. I'm pretty sure this violates at least one of my wedding vows (although couples and clergy might consider adding specific language to cover this scenario). Might I suggest: "Do you promise to love, honor, cherish, and listen to her, even when you desperately want to push the mute button on the remote control in your mind?").

But a husband who really knows his wife well realizes that it still may be too early to play the "yes, dear" card. What we're looking for here are the telltale signs of oxygen deprivation–fewer words in the fourth or fifth repetition of the complaint, a flush in the cheeks, perhaps the need to steady herself with a hand on the kitchen counter. When she obviously needs to stop for a deep breath, this is the perfect moment for a "yes, dear."

Personally, I don't believe in trying to say it sincerely because "yes, dear" is, on its face, insincere. I have, over the years, developed a more ironic "yes, dear" that I deliberately deliver in an obviously nebbishy voice to offer some comic relief to the

tuation. It lets Diane know that I eard her the first five times. It ac nowledges (sort of) that I realize I eserve the tongue-lashing. But it so lets her know that I sincerely on't want to become a bobblehead usband in a "yes, dear" couple. I on't know if she ends up feeling ne has been heard, but she does sually giggle (my wife has a really reat giggle) and is then able to re ume her regular life.

There actually has been some aca emic study of the phrase "yes, dear." everal years ago, a debate erupted vhen a leading psychological re earcher from the University of Wash ngton challenged one of the main herapeutic techniques used with ommunication-impaired couples– active listening," where one partner (okay, it's the husband) is encouraged to repeat what he's being told as proof that he heard it. The psychologist claimed his studies showed that husbands needed to say "yes, dear" more often. He had come to believe that the main problem in marital communication isn't that husbands don't listen, but that they actively resisted being influenced by what they hear their wives say (simply as a way of maintaining their "manly" power).

While the psychologist had an interesting point, his "yes, dear" solution was widely derided in the media. This somehow failed to keep his book off the best-seller list, which just shows how much couples want to be told that "yes, dear" is the key to a successful marriage.

Last night, over dinner, Diane and I had a long talk about this (and, if you must know, yes, a casserole dish is still soaking in the sink). We began to discuss how these "yes, dear" scenarios generally play out, and I figured it was a good moment to ask if there was any way for us to improve our "conjugal communications." She thought about it for a second, took a sip of wine, and said, "Well, you could actually do these things without my asking."

Or, I could find someone to make me a personalized bobblehead.

Next month: The blanket wars—how couples sleep together

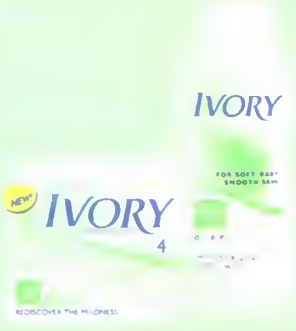
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The evolution of the cat

cats finally did join civilization, they fit in nicely. hunting skills made them indispensable for ridding and storage areas of small pests. Humans quickly became enamored with these beautiful yet useful creatures. The ancient Egyptians even worshipped cats as gods. And you thought *your* cat had an ego.

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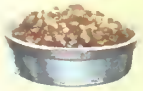
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animal affairs



Bella is just "a little more spoiled now," says her owner, Heidi Hespelt

Bella's Last Breath

It might have been, but this lucky boxer was saved by her owner's quick-thinking friend—and maybe a little divine intervention

Heidi Hespelt, 46, and her good friend Diane Pringle, 50, weren't feeling overly ambitious on a walk with their dogs on a crisp morning last May, so they decided to break up the three-mile stroll around Seattle's Green Lake with a stop at the coffee shop. Much of their conversation that morning centered on Bella, Heidi's 5-year-old boxer, who seemed unusually listless, and whose eyes were bloodshot.

"You think it's her allergies again?" asked Diane, whose own 3-year-old yellow Lab, Farrah, was sitting calmly at her feet. "But I've never seen her eyes this red." Heidi figured she'd check in with her veterinarian, who had been treating Bella for allergies, later that day.

Eventually, the two women and their dogs ended their break and continued along the lakeside path known as a favorite among joggers, Rollerbladers and other fresh-air lovers. Included in their group was Felix, a black Lab puppy whom Heidi was helping to raise as part of her volunteer work for Guide Dogs for the Blind. Both homemakers as well as devoted dog lovers, Heidi and Diane raise puppies for that organization.

Suddenly, without warning, Bella's legs seemed to let go beneath her and she dropped to the ground with a thud. "Bella!" cried Heidi. The dog seemed oblivious to the fact that there were bikes and strollers zooming to and fro. She was just lying on the pavement, panting hard.

"A seizure!" Heidi said, panicked. "Is she having some kind of seizure?" Bella had never before suffered a seizure, and Heidi didn't know what else to think. Soon the panting stopped altogether, and Bella's eyes fell shut. Her tongue hung out and drooped onto the pavement.

"Oh, my God!" Heidi yelled, breaking into a panic. "Is she dead?"

Not on my watch! thought Diane, as she dropped to her knees, letting go of Farrah's leash and putting her head on Bella's chest, hoping for the familiar beat of a heart. Instead: nothing. Bella lay there, completely limp. Diane took off her sweatshirt and wrapped it around the dog. She knew nothing about dog lifesaving, nothing but dim recollections of lessons offered on some of the animal TV shows her 14-year-old daughter was so fond CONTINUED ON PAGE 54

BY JEANNE MARIE LASKAS

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Diane Pringle, left, and Heidi Hespelt never miss their morning walks around the lake

of watching. She thought: *Okay, stay calm. Think! Keep Bella warm so she doesn't go into shock.*

"Is she dead? Is she dead!? Is she dead?" Heidi was yelling, too panicked to move, but keeping hold of Farrah and Felix.

Bella lay motionless. It was horrible. It seemed that Bella, the devoted companion who had ushered Heidi into middle age—through her "empty nest" stage with her children all grown up and gone—the dog who just days earlier had enjoyed a romp on the beach with her favorite tennis ball, was, inexplicably, dead.

Diane was having none of this. She grabbed hold of Bella's sweet face. She leaned into her. She gently pushed her nose and mouth together to make a small opening surrounded by the seal of her fingertips. And then, guided only by instinct, with her own breath she gave the dog a few gentle puffs in her nose.

Bella started to breathe. It seemed like a miracle even to Diane. She sneezed a few times. A minute later, her eyes opened.

"Bella! Bella!" Heidi yelled to her dog, in between sobs. But Bella did not respond. Her eyes were not focused, and she was not moving. She seemed to be in some sort of coma.

So Heidi yelled into the morning sky for help. "Does anyone have a cell phone! Help! Something is terribly wrong with my dog!" Soon a crowd of about 15 had gathered, strangers offering water, others calling 911, the fire department or their own veterinarians. One woman who claimed to be a hands on healer offered to attempt her own magic. Soon one of the strangers had located a veterinarian's office within walking distance.

Walking distance? But Bella could not even stand, let alone walk—and she weighed 53 pounds. Heidi caressed her dog, telling her that everything would be alright, or maybe telling herself. "A car!" Heidi was yelling. "Does anyone have a car?" In fact, no one in the group of concerned strangers had a vehicle close by—they were all either walking, Rollerblading or jogging.

Just then, a woman hoisted her baby out of her stroller. "Take my stroller!" she said. She stood there, holding her baby, while another woman offered to help push. They managed to lift Bella into the stroller and pushed some distance until Bella began to squirm. So Heidi and the stranger worked together and carried Bella, running the whole five blocks to the vet's office. By the time they got there, Bella was conscious and able to stand.

When Diane found her way to the vet's office after dropping off the other dogs, she burst into tears to see Bella alive. Bella put her feet on Diane's lap and kissed her all over, as if she indeed knew that this trusted friend had saved her life.

Had she? Probably. It's called "mouth-to-snout resuscitation" and without it, Bella, who was later diagnosed with a genetic heart condition common to boxers, and who had indeed suffered a kind of heart attack that day, would likely have died.

Diane had had some training in human CPR back when she worked as a buyer at a department store, and she had taken a refresher course when her daughter was born. But before Bella's incident, it had never occurred to her, nor to Heidi, to receive such training on pets. True believers now, both women are planning to initiate a program for their group of puppy raisers in Seattle.

As for Bella, she currently receives daily medication and has had no further incidents. The experience brought Heidi even closer to Bella—and certainly to Diane. Nowadays the two never miss their 9 A.M. walks. And each day as they stroll, they search for some of the strangers who came to Bella's rescue. The people with their cell phones and water bottles. The hands-on healer. The woman with the stroller.

Heidi and Diane figure that surely, one of these days, they'll run into at least one of those people so they can give thanks. "But so far we have not seen a single person who helped save Bella," says Heidi. "I'm starting to think they were angels."

For more information on first aid for pets: www.redcross.org/services/hss/courses/pets.html

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meditations on my mother



Gone to Where Forever Is

Any mother's death is terrible, but losing mine in the September 11th attack on the World Trade Center has meant special pain . . . and yet special insight

BY THERESA MCGOVERN

My son was 6½ weeks old when my mother was killed. For my brother's four children, she had been a lovely and eccentric presence—a grandmother who drove a sports car, adored golf and exercised a totally irreverent wit. I gave birth to my son when I was 40 years old and had been counting on my mother's support and encouragement for this journey of midlife motherhood.

On September 11th, when I watched a plane fly into the south tower of the World Trade Center, I felt what can best be described as a sharp numbness. I sensed that my mother, who worked on the 93rd floor of the south tower, had just died but I didn't know what that meant. Life would have to teach me.

We had begun a new relationship during the year prior to September 11th. My mother was thrilled I was having a baby. She brought me maternity clothes and tracked every stage of my pregnancy. I keep a picture of us taken during that time on my desk. It is my 40th birthday—I am grinning, swollen, seven months pregnant, and she looks serene, softer than she had before somehow.

The morning of that same birthday she had sent me an e-mail reminiscing about my arrival in her life: "The spirea was in bloom," she wrote. "Your father and I drove you home from the hospital in our new Dodge Dart. There has not been a day in which I have not been proud of you. There has not been a day in which, even when you were the enemy, I have not thanked whoever or whatever for sending you my way."

"Even when you were the enemy." And yes, there were times—years even—when it seemed as if we were enemies, locked in a battle of clashing wills and intelligence, thwarted needs and expectations. I had opportunities she never had—and she was larger than life, glamorous and flawed. She often described me as "difficult," and I suppose I was. But so was she.

My earliest memories are of a funny, beautiful, edgy mother who was often too smart for her life. She was the only daughter of my grandparents, who were first-generation Irish from the Bronx. She was the first in her newly American family to graduate from high school and then go on to receive a master's CONTINUED

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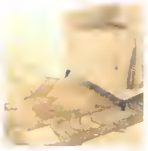
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meditations on my mother

degree. After teaching at a grammar school in the Bronx for several years, she married my father, also the son of first generation Irish-Americans, and they settled on Long Island, New York. They had a son and two daughters; I am their elder girl.

My mother struggled with and eventually overcame alcoholism. A graceful athlete, she found solace in sports, and through the 1960s she coached girls' softball teams. She took up tennis and was a huge fan of the nascent women's tennis world. Every year, I tagged along with her and her friends to watch Billie Jean King and Chris Evert play at tournaments in Queens.

Her other great love was of words and theater, and reading anything and everything, from the classics to popular magazines. And she was wickedly funny. She could catch the edge of a thing in a way that was hilarious.

When she was in her early 50s, she and my father separated. She was afraid of reentering the job market, but determined. I had just started law school when she began working as a paralegal at a law firm. We both went on to accomplish things that made the other one proud: I joined the faculty of the Columbia University Mailman School of Public Health and directed projects on women's health and human rights. My mother was eventually promoted to vice-president of risk services at Aon, an insurance conglomerate. Her office was in the World Trade Center.

She always got to work early. She told me she loved mornings: for golf, for work, for coffee. Right after the terrorist attack, witnesses later said, she was seen going around, urging people to evacuate.

After the first numbness passed, the pain I felt over my mother's death was almost unbearable. The capacity for missing one's mother is profound and infinite. For a long time, I struggled with contemplating the terror and the suffering of her final moments. My entire family was irreversibly damaged. My mother died last March. Although she had been sick prior to September 11th, the doctors felt sure that my mother's violent end was simply too much for him to bear.

In the months after her death, I spent time with her belongings and found myself repeatedly examining her golf clubs and shoes. I remembered when she first told me she was taking up golf, about 18 years ago. She had always made fun of it as being too sedentary for her. But the men in her office played a lot of golf, and she was determined to learn. The next thing I knew, she was obsessed. Over and over, she urged me to take up the sport. She told me that when I was ready, she had a set of clubs for me and would recommend a pro for lessons. But now she was gone.

On her bag was a card with the name of a golf pro at her club. I called him. In the midst of my first lesson, I saw his eyes were brimmed with tears. I asked if I was really that bad. "No," he said, "it's just that you have your mother's swing."

I have come to love golf; it's the one activity that truly gives me peace. It was my mother's final gift. This last anniversary of her death, I turned away from 9/11 ceremonies and found my way to a golf course in the Bronx. It was the best way I knew to feel close to her, to honor the ways in which we were different, and the ways in which we were alike.

I know she approved.

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ILLUSTRATION BY ANASTASIA VASILAKIS

Pointing the Finger at Mom

The newest peril of parenting is the risk of being held criminally responsible for the misdeeds of your kids. Could you become the next mom hauled in front of a judge?

BY MICHAEL J. WEISS

Two years ago, Judith McCloskey went to prison for a crime she never even witnessed. In April 2001, the 41-year-old divorced nurse was watching TV with a friend in her Bangor, Pennsylvania, living room while her two daughters—Kristen, 17, and Kelly, 15—hosted a party in the basement.

"Judith didn't go downstairs because she wanted to give the kids privacy," says her attorney, Gary Asteak. But McCloskey's good intentions unraveled when, without her knowledge, a farmworker known to locals as "Ready Freddy" agreed, for a small fee, to buy a couple kegs of beer for the underage revelers.

The party broke up after a neighbor called police to complain of the noise outside—which McCloskey claims she never heard—and the teenagers scattered. Christopher Mowad, 19, drove off drunk in his SUV with three other guests, Kimberly Byrne, 18, Bryan Kiefer, 18, and Courtney Kiefer, 17. With a blood alcohol level of .20—double the legal limit for an adult—he sideswiped one car and while trying to speed away lost control and careened off the road. Only Courtney Kiefer, who suffered head injuries that required a lengthy hospitalization, survived.

Even though McCloskey did not purchase the beer or serve it, district attorney John Morganelli blamed her for the events of that night. In exchange for their testimony against McCloskey, Morganelli did not charge any of the teenagers for underage drinking and granted them immunity from prosecution. McCloskey received a one- to four-and-a-half-year sentence ("Freddy" paid a $1,000 fine). In October 2003, she was paroled for good behavior after a year in prison. She now works as a nanny in Bangor and still faces civil lawsuits from the three families of the crash victims.

McCloskey's case represents part of a new judicial crackdown that holds Americans legally responsible for misdeeds committed by their children—or, conversely, for failing to protect their children CONTINUED

from the crimes of others. Although there are no federal laws governing parental responsibility, some two-thirds of states and dozens of cities have statutes that make parents liable for their children's crimes.

For decades, those laws were invoked largely in situations where a parent contributes to the delinquency of a minor by giving him drugs or alcohol—and the punishment was typically probation or a fine. But the rise of juvenile crime in the mid-1990s prompted a raft of new laws—as well as stricter interpretation of existing ones—that increasingly make parents liable for more subtle aspects of how they supervise their children. And more and more people are taking advantage of some of these laws, says Ralph Curtis, a Modesto, California–based attorney. "Television and news have made everyone aware of the litigation process," he observes, "and money motivates many people to pursue these cases."

In one-quarter of states, parents whose children gain access to loaded and unlocked guns at home face the possibility of jail time: Massachusetts, for example, imposes up to 10 years and a $10,000 fine for first-time offenders. In at least 10 states, parents can do time—anywhere from overnight to 30 days—if they allow their kids to skip school repeatedly. In California, a parent can be sued for $25,000 or more if Junior damages a neighbor's house. And a mom can serve 20 years in jail for not breaking up with a boyfriend who abuses her kids if she knows about the violence and does not protect her children.

Marcia Morey, a district court judge in Durham, North Carolina, believes that it's reasonable for the law to demand parental supervision. Morey, who has sentenced at least four parents to a night in jail for repeatedly failing to get their kids to school, complains that many modern parents are more concerned with respecting their kids' privacy than confronting them about illegal behavior.

In at least 10 states, parents do time—from overnight to 30 days—if they allow their kids to skip school

In 1998, Morey helped write a state law that requires parents to exercise "care, custody and control" of their minor children and gives courts the power to compel parents to keep their kids in line. "One mother of a 14-year-old who kept guns in his underwear drawer told me, 'I don't have the right to go into my son's room and look around,'" she recalls. "Well, yes, you do. You're responsible for your kids until they're 18."

For her part, Wendy J. Hamilton, president of Mothers Against Drunk Driving (MADD), maintains that prosecuting parents for teenage drinking is long overdue. Permissive parents, she believes, are one reason more than 2,400 youths between 15 and 20 die annually in alcohol-related crashes.

"We expect too little of parents," says Hamilton, whose 32-year-old sister and 22-month-old nephew were killed in a drunk-driving crash in 1984. Some parents allow their teens to drink at home, believing that it's safer than going out to a bar, Hamilton says. "And many parents tell me they serve alcohol at their kids' high school graduations as a rite of passage. Then they say, 'My child got hold of the car keys and there was nothing I could do.'"

The push for parental accountability is also gaining traction among gun-control advocates. Some 40 percent of all homes in the U.S. have guns. Such households that also have children present, notes Luis Tolley, director of state legislation for the Brady Campaign to Prevent Gun Violence in Los Angeles, "are tragedies waiting to happen." Each year, nearly 10,000 U.S. children are killed or injured by firearms. "Too many adults store their guns under a bed or in a bureau drawer, loaded and unlocked," says Tolley. "And children are naturally curious."

This movement, however, has engendered controversy. A mounting number of experts argue that while parents do have a responsibility to monitor their children's behavior, they cannot reasonably be expected to watch them every minute of the day. In his 1996 book, *Beyond the Classroom*, Laurence Steinberg, Ph.D., a professor of psychology at Temple University, in Philadelphia, cited his survey of 20,000 teenagers, in which one-third claimed their parents had "no idea" who their friends were, where they went after school and how they spent their money. More recent research confirms those findings; several studies indicate that the hours between 3 and 6 P.M.—when teenagers typi- CONTINUED ON PAGE 66

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IMPORTANT INFORMATION ABOUT VIOXX

People with allergic reactions, such as asthma, to aspirin or other arthritis medicines should not take VIOXX. In rare cases, serious stomach problems, such as bleeding, can occur without warning.

Tell your doctor if you have liver or kidney disease, or a history of angina, heart attack, or a blocked artery in your heart. VIOXX cannot take the place of aspirin for the prevention of heart attack or stroke. VIOXX should not be used by women in late pregnancy.

In clinical studies, commonly reported side effects included upper respiratory infection, diarrhea, nausea, and high blood pressure. Report any unusual symptoms to your doctor.

Please see the Patient Product Information for VIOXX on the next page for additional information that should be discussed with your doctor.

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VIOXX® (rofecoxib tablets and oral suspension)
VIOXX® (pronounced "VI-ox")
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Generic name: rofecoxib ("ro-fa-COX-ib")

You should read this information before you start taking VIOXX*. Also, read the leaflet each time you refill your prescription in case any information has changed. This leaflet provides only a summary of certain information about VIOXX. Your doctor or pharmacist can give you an additional leaflet that is written for health professionals that contains more complete information. This leaflet does not take the place of careful discussions with your doctor. You and your doctor should discuss VIOXX when you start taking your medicine and at regular checkups.

What is VIOXX?

VIOXX is a prescription medicine called a COX-2 selective, nonsteroidal anti-inflammatory drug (NSAID).

VIOXX is used in adults for:
- relief of the pain and inflammation (swelling and soreness) of osteoarthritis (arthritis from wear and tear on your bones and your joints)
- relief of the pain and inflammation of rheumatoid arthritis in adults (arthritis caused by a condition where your immune system attacks your joints)
- management of short-term pain
- treatment of menstrual pain (pain during women's monthly periods)
- treatment of migraine headache attacks with or without aura

VIOXX has not been studied in children under the age of 18.

Who should not take VIOXX?

Do not take VIOXX if you:
- have had an allergic reaction such as asthma attacks (wheezing), hives, or swelling of the throat and face to aspirin or other medicines called non-steroidal anti-inflammatory drugs (NSAIDs). There are many NSAID medicines. Ask your doctor or pharmacist for a list of medicines that contain NSAIDs if you are not sure.
- are allergic to rofecoxib, the active ingredient of VIOXX, or to any other ingredients in VIOXX. See the end of this leaflet for a complete list of ingredients in VIOXX.

What should I tell my doctor before and during treatment with VIOXX?

Tell your doctor about all your medical conditions including if you have or have had:
- an allergic reaction to aspirin or other NSAIDs
- asthma (a small number of patients with asthma have reactions to aspirin or other NSAIDs)
- stomach problems such as ulcers or bleeding
- kidney disease
- liver disease
- angina (chest pain), a heart attack, or a blocked artery in your heart
- heart failure
- high blood pressure

Tell your doctor if you are:
- pregnant or plan to become pregnant. VIOXX may harm your unborn baby. If you take it in late pregnancy. If you take VIOXX while you are pregnant, ask your doctor how you can be on the VIOXX Pregnancy Registry.
- breast-feeding or plan to breast-feed. It is not known if VIOXX passes into your milk and if it can harm your baby. You should discuss with your doctor whether or not to take VIOXX if you are breast-feeding.

Tell your doctor about:
- any other medical problems or allergies you have now or have had.
- all the medicines you take including prescription and non-prescription medicines, vitamins, and herbal supplements.

Tell your doctor right away if you develop:
- serious stomach problems such as ulcer or bleeding symptoms (for instance, stomach burning, vomiting blood, or if there is blood in your bowel movement or it is black and sticky like tar, which are signs of possible stomach bleeding).
- unexplained weight gain or swelling of the legs, feet, and or hands.
- skin rash or allergic reactions. If you have a severe allergic reaction, get medical help right away.

How should I take VIOXX?

- Take VIOXX exactly as prescribed by your doctor. Your dose will depend on the condition being treated and other medical problems you may have. Do not change your dose of VIOXX or take extra doses unless your doctor has told you to.
- You can take VIOXX with or without food.
- If you miss a dose of VIOXX by a few hours, take it as soon as you remember. If it is close to your next dose, do NOT take the missed dose.
- If you take too much VIOXX, tell your doctor, pharmacist, or poison control center right away.

Can I take VIOXX with other medicines?

Tell your doctor about all the other medicines you are taking or plan to take while you are on VIOXX, even other medicines that you can get without a prescription, including vitamins and herbal supplements. VIOXX and certain other medicines can affect each other causing serious side effects. Keep a list of the medicines you take. Show the list to your doctors and pharmacists each time you get a new medicine. They will tell you if it is safe to take VIOXX with other medicines. Your doctor may want to check that your medicines are working properly together. Especially tell your doctor if you are taking:
- or have taken warfarin (Coumadin®) or any other blood thinner within the past 10 days.
- theophylline, a medicine used to treat asthma.
- rifampin, an antibiotic.
- ACE inhibitors, medicines used to lower blood pressure and treat heart failure.
- lithium (a medicine used to treat a certain type of sadness or

VIOXX cannot take the place of aspirin for prevention of heart attack or stroke. If you take both aspirin and VIOXX, you may have a higher chance of serious stomach problems than if you take VIOXX alone. If you are taking aspirin for prevention of heart attacks or strokes, you should not stop taking aspirin without talking to your doctor.

What are the possible side effects of VIOXX?

Serious but rare side effects that have been reported in patients taking VIOXX or related medicines have included:

- Serious allergic reactions, including swelling of the face, lips, tongue, and throat which may cause difficulty breathing or swallowing, hives, wheezing, or shock (a drop of blood pressure and consciousness) can occur. These may require treatment right away. Severe skin reactions have also been reported.

- Serious stomach problems, such as stomach and intestinal bleeding, can occur with or without warning symptoms. These problems, if severe, could lead to hospitalization or death. Although this happens rarely, you should watch for signs (for example, stomach burning, vomiting blood, or if there is blood in your bowel movement or it is black and sticky like tar) that you may have this serious side effect and contact your doctor right away.

- Heart attacks and other serious events, such as blood clots in your body, have been reported in patients taking VIOXX.

- Serious kidney problems can occur, including acute (sudden) kidney failure or worsening of chronic kidney failure.

- Severe liver problems, including hepatitis, jaundice and liver failure, can occur in patients taking NSAIDs, including VIOXX. Tell your doctor if you develop symptoms of liver problems. These include nausea, tiredness, itching, pain in the right abdomen, yellow skin or eyes, and flu-like symptoms.

Your doctor may do blood tests and check you for problems that may happen during treatment with VIOXX.

In addition, the following side effects have been reported: anxiety, blurred vision, confusion, constipation, decreased levels of sodium in the blood, depression, fluid in the body, hair loss, hallucinations, increased levels of potassium in the blood, insomnia, low blood counts, menstrual disorder, palpitations, pancreatitis, ringing in the ears, severe increase in blood pressure, skin reactions caused by sunlight, tingling sensation, unusual headache with stiff neck (aseptic meningitis), vertigo, worsening of epilepsy.

More common but less serious side effects reported with VIOXX have included the following:

Respiratory infections
Headache
Dizziness
Diarrhea
Nausea, vomiting and upset stomach
Heartburn
Stomach pain
Swelling of the legs and or feet
High blood pressure
Back pain
Tiredness
Urinary tract infection

These are not all the side effects reported with VIOXX. Do not rely on this leaflet alone for information about side effects. Your doctor or pharmacist can discuss with you a more complete list of side effects. Any time you have a medical problem you think may be related to VIOXX, talk to your doctor.

How should I store VIOXX?

- Store VIOXX at room temperature, 59° to 86° F (15° to 30° C).
- Safely throw away VIOXX that is out of date or no longer needed.
- Keep VIOXX and all medicines out of the reach of children.

What else should I know about VIOXX?

This leaflet provides a summary of certain information about VIOXX. If you have any questions or concerns about VIOXX, osteoarthritis, rheumatoid arthritis, pain or migraine attacks, talk to your health professional. Your doctor or pharmacist can give you an additional leaflet that is written for health professionals. This leaflet is also available at www.vioxx.com.

Medicines are sometimes prescribed for conditions other than those described in patient information leaflets. Do not use VIOXX for a condition for which it was not prescribed. Do not give VIOXX to other people even if they have the same symptoms you have. It may harm them.

What are the ingredients in VIOXX?

Active Ingredient: rofecoxib

Inactive Ingredients:

Oral suspension: citric acid (monohydrate), sodium citrate (dihydrate), sorbitol solution, strawberry flavor, xanthan gum, sodium methylparaben, sodium propylparaben.

Tablets: croscarmellose sodium, hydroxypropyl cellulose, lactose, magnesium stearate, microcrystalline cellulose, and yellow ferric oxide.

Rx Only

Issued March 2004

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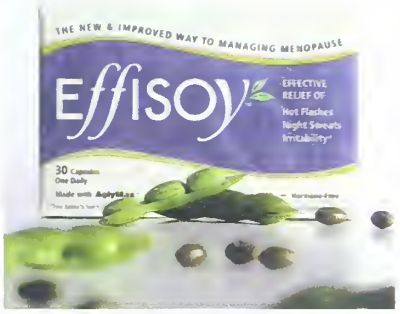


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cally are home alone while their parents are at work—are a prime time for experimenting with drugs, alcohol and sex. Dr. Steinberg's conclusion: It is better to teach parents how to be more involved in their children's lives than to jail them for being out of touch.

A case in point is a recent California case in which attorney Curtis defended a couple whose teenage son, a high-school wrestler, had joined a group of teammates in ganging up on a younger member of the squad. Claiming he'd suffered psychological trauma from the fight, the victim brought a six-figure lawsuit agai the parents of the boys who attack him. To avoid the cost of litigati and the possibility of a hefty payo Curtis's clients settled out of co for several thousand dollars. Crit call such lawsuits frivolous and s they divert CONTINUED ON PAGE

WHAT MIGHT LAND YOU IN COURT

More lax rules? Measures that may lower your chances of unknowingly breaking the law and facing prosecution on grounds of parental responsibility:

AT HOME

Your Risk If your children skip school, steal or carry a gun, you can be fined or jailed. Some 20 states require you to pay restitution of $25,000 for damage caused by a minor that results in court proceedings. If minors drink alcohol in your home (even if you didn't serve it or witness it being served), you and your children could be criminally responsible; if someone is injured or killed in a drunk-driving accident, you could face huge monetary damages, even imprisonment.

Best Defense Explain to your children that their misbehavior can have a devastating effect on your family's finances and, at worst, land you in jail. If teens are attending a party in your home, drop in on them every hour or so to make sure they're behaving properly. And be sure to check your homeowners' insurance: Most policies offer some liability protection.

IN THE CAR

Your Risk If your child causes a serious accident, your auto insurance company will defend you and pay settlements up to your policy's coverage limit. But a victim can always sue for more than that amount. And if you allow a child to drive when he has a history of tickets or accidents—or is under the influence of alcohol or drugs—you could be liable for millions of dollars in damages.

Best Defense Set an example for your kids: Obey traffic laws, wear your seat belt and do not drink and drive. Monitor your teens' driving to make sure that they are not reckless, and make sure that your car gets regular maintenance. Consider buying an umbrella insurance policy in addition to your auto and homeowners' insurance; the supplement typically costs a few hundred dollars a year.

ON THE STREET

Your Risk With more and more cities enforcing juvenile curfew laws to fight late-night crime, parents who knowingly allow a child to violate these curfews can be subject to a fine, jail time or forced community service.

Best Defense Talk with your kids and learn how they spend their time—what kind of activities they pursue, who their friends are, what they do after school. Do whatever it takes to discourage them from hanging out with kids who steal, vandalize property or get into fights.

WITH YOUR SIGNIFICANT OTHER

Your Risk Most states have laws that hold you criminally liable for negligence—or worse—if something bad happens to your children, even if the perpetrator of the crime is your husband or boyfriend and you were nowhere near the scene. You can still be imprisoned or lose custody of your children if a court believes you overlooked a partner's pattern of abuse.

Best Defense Be both observant and protective. If your child has questionable bruises or injuries, investigate the cause and make absolutely certain that they are the result of an accident, not abuse. If the problem persists, contact the police or social welfare agencies.


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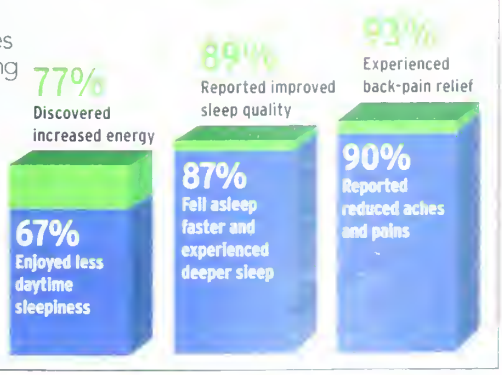
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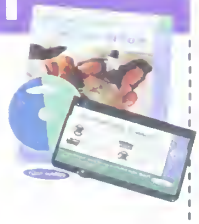
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attention away from the essential problem, which in this case was a social one—that is, the teenagers' bullying of another child. "This is a public health issue," insists Dr. Steinberg, "not a legal one."

But by far the most controversial of the parental responsibility cases are those involving women whose children have been killed by a husband or boyfriend. Many turn on a single question, prompted in part by the 1999 Columbine tragedy, that's almost impossible to answer: Did the parent somehow miss warning signs of an impending tragedy? In Henry County, Illinois, a rural area of 51,000 people some 140 miles southwest of Chicago, no fewer than four such mothers languished in prison last year, all serving lengthy sentences. In each case, a judge or jury found the men guilty of first-degree murder, sentencing them to death or life in prison. But the mothers were convicted by "accountability"—in other words, of knowing a crime was likely to occur but doing nothing to stop it.

The most prominent of these cases is that of Tabitha Pollock, an Illinois mother of four who left high school and married at 17; she earned a GED and studied nursing at a community college. At 25, she and her children moved in with Scott English, the father of her youngest child, David, 2. On October 10, 1995, while Pollock was asleep in the bedroom, English hit her 3-year-old daughter, Jami Sue, so hard on the head that the child died in a matter of hours. Though English confessed to the crime—he claimed he struck the girl because she was fussing and wriggling under her blanket—prosecutors also charged Pollock with first-degree murder.

Pollock said she never suspected abuse because English, who had no history of violence, had always had a ready explanation for Jami Sue's occasional scrapes and bruises. He usually attributed the injuries to a bad fall. English was sentenced to 50 years and Pollock received 36 years for failing to protect her child.

Five years into her term, Pollock, professing her nocence, wrote a letter to the Northwestern Uni ersity School of Law's Center on Wrongful Convic ons (CWC), in Chicago. "How could I have known e would murder my precious baby girl?" she asked. fter discovering Jami Sue's lifeless body, she re alled, "I sat there holding her, rocking her and troking her hair, crying and begging God to give ay baby back to me."

Moved by Pollock's letter and viewing her case as n example of judicial excess, Jane Raley, a law pro essor at Northwestern and a CWC staff attorney, ppealed to the Illinois Supreme Court. In October 2002, the judges overturned Pollock's conviction, rul ng that parents can be held responsible only if they n fact know—not *should* have known—that their chil lren are being abused. In December 2002, after serv ng seven years, Pollock was freed and her conviction reversed. "The idea that Tabitha could have known what would happen is outrageous," says Raley. "The way the law was written, any parent who leaves her child with a babysitter can be prose cuted because of something that might occur."

Pollock, now 34, has moved to Florida, where she works as an office manager. She lost custody of her surviving children, but the older boys, 17 and 14, are being raised by her parents, who live nearby. Pollock is able to visit them regularly. Her son with English, 10, was adopted by another family; she hasn't seen him since 1999. "David has been through enough," says Pollock. "I don't want to disrupt his life again."

While there may be merit to the argument that Tabitha Pollock should have seen through her boyfriend's lies before he murdered her daughter, or that Judith McCloskey should have checked to make sure her daughters' party wasn't getting out of hand, the question remains whether criminal prosecution is the most appropriate redress of such undeniably tragic circumstances. When a frustrated society is willing to pass tougher laws and blame parents for failures, no mother is immune from prosecution. "As parents, we all make mistakes," says Gary Asteak. "Today, we can only hope that the consequences aren't catastrophic."

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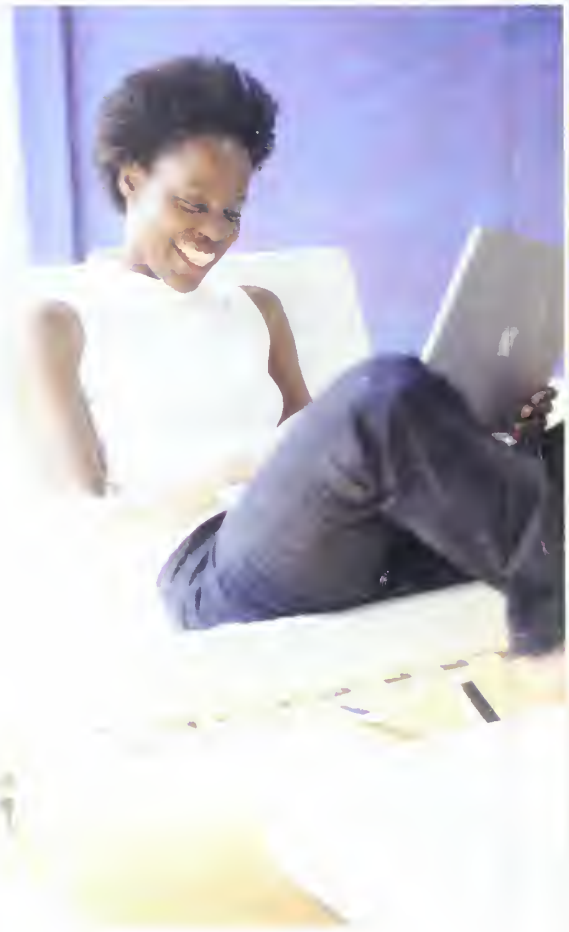
How to Be More Attractive

Would you still find Brad Pitt great looking if you saw him stiff a waitress, throw trash out of his window and insult his mom, all on the same day? Despite his ripped abs, probably not. When it comes to how we judge others' attractiveness, actions speak louder than looks. The reason has to do with whether you stand to benefit from someone else's behavior, says David Sloan Wilson, an evolutionary biologist in Binghamton, New York. In one of his studies, members of a coed rowing team rated their fellow rowers' attractiveness. Those dubbed best looking were also perceived to be the hardest working. Outsiders, however, who did not know the rowers' strengths, drew quite different conclusions. All of this gives new meaning to the old saying, handsome is as handsome does.

—Stephanie Emma Pfeffer

Can You Tell When Someone Is Lying to You?

Want to get the truth, the whole truth and nothing but? Then use e-mail, not the phone. Researchers at Cornell University, in Ithaca, New York, found that people are likelier to tell a lie over the telephone than in an e-mail. After tracking the social interactions of 30 men and women for a seven-day period, the researchers noted that lies told over the phone wires occurred 37 percent of the time, yet only 14 percent of the time in e-mails. The reason people are more likely to tell the truth in e-mails may have to do with the permanent record e-mail leaves behind—liars don't like to leave evidence of their deceit, according to lead researcher Jeffrey T. Hancock. Only time will tell whether a growing familiarity with e-mail will take some of the truth out of typing. *—Jessica Branch*



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GET ENERGIZED!

Feeling stressed and burned-out? Follow these simple steps to discover, and act on, your true—and joyful—purpose in life

BY LESLIE GODWIN

Terry, a financial consultant, is either handling a client crisis or recovering from the last one. She spends most of her day making phone calls, on the computer or faxing documents as she runs around the office dealing with emergencies. Terry once thrived on the adrenaline rush of her busy days, but no longer. "I used to feel so alive and useful going from one frantic situation to the next," she says. "Now I just feel drained."

For Carrie, a stay-at-home mom, taking care of twin 6-year-old daughters 24/7 has left her fried to a crisp. "By summer's end, I couldn't stand one more argument between the girls," she says. "I got so tired of thinking of creative ways to get them to stop fighting. And I have no control over my time anymore. I can't even read a single section of the paper in the morning."

Joan, a marketing expert and mom of two teenagers, asks, "You know that feeling you get when you've slept an hour too late and you're running an hour behind all day long, trying to catch up? I feel like that every day. I have more to do than I can physically get done, and I can't remember the last time I was able to relax and enjoy the moment. I'm not moving toward my goals. I'm just barely getting through the day."

These three women, like millions of others, are teetering on the brink of burnout—physical, mental and spiritual exhaustion that's robbing their lives of pleasure and purpose. Burnout creeps up on you. The first symptoms are fatigue and irritability. Then eating and sleeping habits change; headaches, migraines or digestive problems are common. Once they hit full-blown burnout, women may feel depression or a CONTINUED





paralyzing loss of confidence—they have completely lost touch with any sense that their lives have a purpose.

This sort of meltdown is scary, no question. But as a psychotherapist for 20 years and now a life coach as well, I've found that reaching such a critical impasse actually presents women with an opportunity. While feeling depleted and without passion or focus doesn't seem like a gift, these stressful emotions can motivate you to reexamine your life and goals.

Some women feeling the symptoms of burnout figure that it's time to take a vacation, delegate a few more tasks or secure more baby-sitter hours. But these approaches are little more than Band-Aids; they won't solve the deeper problems that lead to burnout in the first place. More often than not, true life changes are needed. Your whole relationship with work must be changed; otherwise, you'll just go through the crisis of burnout again—and again. By making these deeper changes, you'll become more fulfilled and energized and far less frazzled and stressed.

Use stress as a wake-up call to reexamine your life goals

When Deborah, a 29-year-old human-resources director for a medium-size corporation, walked into my office, she said, "I know I can't do this anymore. I'm exhausted. I wish I knew what my calling was, but I don't have a clue. All I know is I want to be a good mother to my son and a better partner to my husband."

Ready answers eluded her. To help Deborah access some long buried enthusiasm, I asked a couple of questions: "Have you ever thought about what you might enjoy doing if money were no object? Or have you ever met someone and envied what they are doing?"

Deborah fell silent, then smiled a little, as if she weren't sure if what she was about to say was too half-baked to share. "I've always wanted to open my own place for families with little kids to get together for play dates and birthday parties. My friends and relatives always ask me to help them put on parties for their kids, and I really love it." Deborah eventually decided to trade in her career as a bored and burned-out manager for the challenge of being an entrepreneur and plunged into researching how to turn her passion into a living.

Finding our personal mission takes a lot more than one pr ing conversation. In fa striking out toward sor thing completely new c be quite daunting. Af all, we've grown up beli ing certain myths th keep us tethered to o old ways of doing things.

MYTH #1: Work hard no enjoy yourself later. Th sounds eminently logic and practical. It even a lows for fun, as long you wait for your rewar until later, when you d serve it. Unfortunately, la er never comes.

The basic flaw of thi belief has to do with th separation of work and en joyment. Having fun, us ing your imagination an being fully engaged in what you're doing withou worrying about what will happen next are critical elements that mak work less like work and more like play. But the older we get, the less fun we tend to permit ourselves. We operate under the assumption that our day consists of a list of chores and duties—things that are by their nature onerous burdens to bear. We save the things we enjoy—stealing some peace and quiet, reading a book, learning a new hobby—only for when we've got all the items on the list checked off. But thinking this way excludes the possibility of finding joy in everyday life—and accelerates the rush to burnout.

MYTH #2: It's more important to be responsible for others than to develop our true selves. Many women see their role in life as being the one to take charge and be responsible. Other people's moods, even CONTINUED


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their ultimate happiness, become our obligations to manage. You may feel that you can cheer up a friend who's in a bad mood, or if a co-worker doesn't like you, you assume it's because you're not being charming enough. It can be hard to grasp the concept that we can only do our part, then the free will of others takes over. But it's only when we let go of our need to feel in control of others that we can discover who we are underneath our fears.

MYTH #3: Grown-ups should already know what they want to do with their lives. I hear from a lot of women who are longing for a career change but are ashamed or embarrassed that they don't know what they want to do at this point in their lives. Making a big change is too scary; better to stick with what they know than admit they are hungry for some unknown transformation. One of my clients, Jolene, was so swamped at an accounting job she disliked, she felt she had no time to look for a career she'd enjoy. Occasionally, she'd feel so frustrated that she vowed to start seeking more meaningful work. But after making a few inquiries, she'd always get nervous and put off taking action.

If you're stuck with feelings of anxiety, shame or discomfort about not knowing what you want to do with your life, stop reacting to those emotions. This is different from trying to push the feelings away. You'll still have them, but you won't let them stop you from asking yourself some questions.

MYTH #4: Upward mobility is better than inward mobility. Accomplishments and outward successes are easy to share with friends and family. You'll probably get praise and admiration, and others may even envy you when you announce a raise or show off a new car. On the other hand, becoming a deeper person and having a richer, more meaningful inner life is something that's invisible to people who are focused on outward accomplishments. The key to finding greater fulfillment is ofte caring less about what others think us, and more about what *we* think us. Those of us striving to do that a what I call "inwardly mobile."

Even after you've identified a ne path for yourself, you may still fac obstacles. Say you've zeroed in on new, energizing career yet it's on that will require significant trainin or education and you can't afford t quit your present job. Don't be de terred. You can create both a short term plan for day-to-day needs and long-term plan to accomplish wha you really care about. The secret is t break your long-term plan into smal pieces that you can integrate into your daily schedule. Don't wait until you have lots of time. Squeeze something into every spare half an hour. You'll create momentum this way.

A client of mine, Cindy, has decided to make a dramatic career change from doing Web-site design to becoming a massage therapist. But first she needs to inquire about training programs and create a network to find out what it's really like to do this kind of work, which schools have the best programs and how to eventually get referrals and build a practice.

Cindy has managed to carve out a half hour during her workday to pursue these answers. Each day she sends off a couple of e-mails, makes a phone call or does some reading. "At first I was concerned that using my lunch hour this way would make me feel more stressed out," Cindy says. "But I am much more enthusiastic now that I see I'm getting closer to my goal. I really think I'm going to be able to do it!"

OPERATION FIND THE NEW YOU

To free yourself from burnout, you need to create the conditions under which you can focus on yourself. Of course, when you're sagging under heavy pressure and juggling a slew of demands, it's hard to hone in on finding a new career or carving out a different lifestyle. Three steps you can take are:

- Lighten your load. Eliminate all unnecessary activities; don't say yes to those obligatory projects; learn to enjoy downtime without feeling "unproductive."
- Turn toward something positive, as opposed to only turning away from the negative. In other words, get excited about your new possibilities! The usual distractions and irritations will still be there, but you should find them less draining.
- Share your mission with enlightened friends and family members, so they can alert you to opportunities. —*L.G.*

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SECRET WEAPON

Long-lasting Manicure

How is it that we have phones that take pictures, yet it's so difficult to stretch a manicure to more than a few days? Well, imagine our glee when we found Orly Bonder ($7), a base coat that helps polish last for up to 10 days. "It adheres to nails *and* to the polish on top," says Elsbeth Schuetz, Orly's international educator. Utterly brilliant.

GET YOUNGER, SMOOTHER SKIN



Sure, you've got pumpkins on your doorstep, but now you'll want them in your bathroom vanity, too. This season's pumpkin peels and masks smell delicious, and they're chock-full of natural exfoliants and healing antioxidants that smooth and renew the skin. "These antioxidants also reduce signs of aging," says Deborah Musso, M.D., founder of Sea Change Healing Center, in New York City. So go on—dig in! Our picks: (1) Zia Pumpkin Exfoliating Mask, $22.95; (2) Sephora The Great Pumpkin Mask, $30; (3) Jaqua Pumpkin Papaya Purée Enzyme Face Masque, $16; (4) Renée Rouleau Pumpkin Soothing Peel, $29.50; (5) June Jacobs Perfect Pumpkin Peeling Enzyme Masque, $72.

Ask the Beauty Director

Q: I'd like to be able to tint my eyebrows myself. Any tips?

A: First of all, we love tinting eyebrows, as it's much safer than dying them, even at a salon. Most eyebrow tints provide a fun temporary color change that can be washed out at the end of the day, so you can experiment to your heart's content. We like MAC Cosmetics Brow Set ($12), a brush-on gel available in six colors, or Shu Uemura Eyebrow Manicure ($25), a waterproof eyebrow "mascara" in five shades. Choose a color that's no more than two shades lighter than your brows, as anything more extreme than that will look unnatural.



Beauty Director Patricia Reynoso

PATRICIA'S PICK

The Sexiest Scent

With every whiff of Kiehl's Original Musk Oil, a creamy blend of orange blossom and white patchouli among other notes, I am instantly transported to that weekend in Miami with my husband, our first getaway after our twins were born (quite appropriate, considering that this blend, discovered in the 1920s, was found in a vat labeled "Love Oil"). We can thank our brain's olfactory lobe (which controls smell) and the limbic system (ruler of emotions) for this response. Now Kiehl's will garner more fans with its eau de toilette ($55). The basic scent is the same, but it's now a bit lighter, in both scent and feel. And the spray pump makes it portable—perfect for weekend escapes.



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Healing Beauty

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3 PERFECT SCENTS: Ten percent of the profits of Aromafloria Love Aroma Beads tubes, $7 each, goes to The Susan G. Komen Breast Cancer Foundation.

4 BATHING BEAUTY: To honor its Red Rose Bath Oil, $60, Jo Malone will make a donation to the Breast Cancer Research Foundation.

5 FACE IT!: A portion of the proceeds of each Stila Pink Ribbon palette and lipstick set, $36, will go to The Breast Cancer Research Foundation.

6 BODY BUFF: Bella Il Fiore will donate 10 percent of the profits from its Walnut Sugar Scrub, $19, to the Susan G. Komen Breast Cancer Foundation.

7 LUSH LATHER: Ten percent of the profits of each Essence of Heaven Mercy Bathe bar, $5, will go to the Susan G. Komen Breast Cancer Foundation.

8 HURLEY GIRL: All profits of Estée Lauder Pure Color Crystal Lipstick in Elizabeth Pink, $22, chosen by Elizabeth Hurley, will go to The Breast Cancer Research Foundation.

This month marks the 20th year of the breast-cancer awareness campaign, and more cosmetic companies than ever before are donating a portion of their proceeds from the sale of specially created items, as well as existing favorites, to breast cancer research, prevention and treatment. For example, Estée Lauder's Breast Cancer Research Foundation has raised more than $92 million so far, while the Avon Breast Cancer Crusade has contributed more than $300 million. Help yourself and the cause by purchasing any of these tempting products, available all this month. Helping others never felt (or made you look) better!



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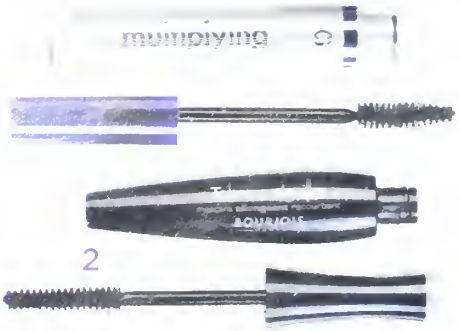
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Crest Healthy Beautiful Smiles for Life



Make Your Lashes Luscious

Lengthening. Curling. Volumizing. The new mascaras do it all. Here, a guide to choosing a formula that's right for you



LENGTHENING

Think of lash-extending mascaras as the little black dress of makeup: always in style, and often the only thing you need to wear on your eyes.

1) Covet Girl Multiplying Mascara ($5.50): Prevents lashes from sticking together, and the liquid-crystal formula evenly coats each lash from root to tip.

2) Bourjois Talons Aiguilles ($13): With hair extension–like nylon fibers that attach to lashes for added length, it truly earns its name (which translates to "stiletto heels").



CURLING

Go for a curling mascara if you crave an instant wide-eyed effect in just a few strokes without going near an eyelash curler!

1) L'Oreal Panoramic Curl ($7.95): Features an anti-droop formula that, when combined with the lash-defining Liftcurl brush, results in intense curl that lasts for eight hours.

2) Giorgio Armani Star Lash ($23.50): A curved brush—to better grip the lashes—and lash-extending Microfil Waves Complex add curly drama.



VOLUMIZING

When lush, dense-looking lashes are what you're after, reach for a volumizing mascara. These formulas are designed with an ample, sexy fringe in mind.

1) Rimmel Volum'Eyes Instant Full Volume Comb Mascara ($5): While the comb applicator seems tricky, it's worth getting used to—it separates and lengthens, resulting in sexy-beyond-belief peepers with zero clumps.

2) Maybelline Volum'Express Turbo Boost Mascara ($6.95): The formula's lash-plumping wax promises up to five times the volume, minus the clumps.

Even if you wear contacts, have sensitive eyes or brittle lashes, there's a formula for you. And if you can't live without waterproof mascara (which forms a film around each lash), the options are endless, as many popular mascaras come in waterproof versions. Some good choices:

1) Rêpechage Colour Actif ($22): This hypoallergenic and antibacterial formula is full of vitamin-rich seaweed to help reduce breakage and keep the applicator clean.

2) Urban Decay Lingerie and Galoshes for Lashes ($15.50): An ideal accessory for your favorite mascara, one side primes with volumizing microfibers, the other side applies a waterproof layer.



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Want shiny, manageable hair? The new wave of handhelds do a whole lot more than just *dry*

A Better Blow-Dryer

Some women are blessed with hair that air-dries beautifully—congratulations to all five of you! As for the rest of us, some help, usually with a heavy, loud, scorching-hot blow-dryer, is necessary. If gorgeous hair is your goal, a new, quality dryer is a must have; not only will advanced models cut down on drying time, but many also feature technology that adds shine and conditions your locks at the same time.

Weight: If your hair is long and you blow it out every day, a heavy dryer might quickly lose your affection. Most professional versions have an AC motor, which is weighty (about 3.5 pounds) but makes them powerful enough to stand up to drying your whole family's hair on a daily basis. Compare that with the shorter-lived DC motors found in most standard dryers (which usually weigh around 1.75 pounds), says Neil Tobin, global category manager for Women's Personal Care at the Remington Products Company.

Wattage: "Pick a dryer with between 1,600 and 1,875 watts of power," says Jeff Katz, director of marketing for Helen of Troy, manufacturers of Revlon and Vidal Sassoon hair dryers. Anything less powerful will take too long to do the job and will even encourage frizz; anything with higher wattage can damage hair.

Attachments: For anybody with frizz-prone hair, a diffuser or nozzle is a good idea. A diffuser retains moisture in curly hair, while a nozzle concentrates air directly on the section that you're drying when blowing hair straight.

Ionic: Ionic technology describes the negatively charged ions that shoot out with each blast of air, for hair that is moisturized and frizz-free, in half the time. According to Tobin, "Hair is like an artichoke, with many interlocking scales. Ions neutralize the charge in the hair, reducing static electricity and making those scales lie flatter."
Our pick: Conair Ion Shine Ionic Metal Styler ($24.99)

CONTINUED

Conair Ion Shine Ionic Metal Styler, $24.99

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1 Revlon Quiet Ceramic Professional Dryer, $27.99
2 Remington Pro Air Protect & Shine, $19.99.
3 Supersolano X, $109.95

(photo) previous page ; weight: 2.75 pounds)

Pros love this inexpensive, 1,875-watt model, which includes a cool-shot button (ideal for smoothing hair in place once it's styled), two heat and speed settings, and ports on both sides of the nozzle that distribute ions uniformly (versus other models, which release ions from within the barrel).

Ceramic: Ceramic coils warm up evenly, distributing heat that penetrates hair quickly and from the inside out, says Jo Ann Welsh, regional educator for Fantastic Sams salons. Like ionic models, ceramic versions can also reduce drying time. The difference is that many ceramic dryers come in a higher wattage than the ionic variety, so they can be slightly more damaging if used every day.

Our pick: Revlon Quiet Ceramic Professional Dryer ($27.99); weight: 2 pounds

Featuring three heat and two speed settings, 1,875 watts and a cool-shot button, it's extremely quiet, at 70 decibels. (By comparison, most dryers are about 80 decibels, equal to the buzzing of an alarm clock.)

Ionic and Ceramic Combination: Twice the technology means the best of both worlds: less heat damage and faster drying time.

Our pick: Remington Pro Air Protect & Shine ($19.99); weight: 1.75 pounds

For a fraction of the price, you get all the gadgets you'd expect in a pricier model, including a removable filter for cleaning, 1,875 watts, a nozzle and an extra-long cord.

Professional: Designed to withstand endless hours of use in a salon, pro-quality dryers (which can also be ionic or ceramic) have larger and heavier motors that will last three times as long (up to 10 years) as nonprofessional versions, says Paulette Heller, director of marketing for hair dryers at Conair. If you're a hair-dryer junkie, you might want to invest in a professional one.

Our pick: Supersolano X ($109.95); weight: 2 pounds

This model is pricey but adored by stylists, who love the evenly distributed weight of this dryer. It feels the same regardless of the angle you're holding it at, helping to alleviate any hand cramping for those with very long or thick hair.

–Nadine Haobsh

LHJ.com **For more great hair advice, visit www.lhj.com/hair**





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INDICATIONS AND USAGE

CONTRAINDICATIONS

WARNINGS

PRECAUTIONS

General

Information for Patients

Do not exceed

the recommended dose

Drug Interactions

Effects on Steady-State Fexofenadine Pharmacokinetics After 7 Days of Co-Administration with Fexofenadine Hydrochloride 120 mg Every 12 Hours (twice recommended dose) in Normal Volunteers n=24		

Carcinogenesis, Mutagenesis, Impairment of Fertility

Pregnancy

Teratogenic Effects

Nonteratogenic Effects

Nursing Mothers

Pediatric Use

Geriatric Use

ADVERSE REACTIONS

ALLEGRA-D

Adverse Experiences Reported in One Active-Controlled Seasonal Allergic Rhinitis Clinical Trial at Rates of Greater than 1%			
Adverse Experience	60 mg Fexofenadine Hydrochloride 120 mg Pseudoephedrine Hydrochloride Combination Tablet Twice Daily n=215	Fexofenadine Hydrochloride 60 mg Twice Daily n=278	Pseudoephedrine Hydrochloride 120 mg Twice Daily n=218
Headache	13.0%	11.5%	17.4%
Insomnia	12.6%	3.2%	13.3%
Nausea	7.4%	0.5%	5.0%
Dry Mouth	2.8%	0.5%	5.5%
Dyspepsia	2.8%	0.5%	0.9%
Throat Irritation	2.3%	1.8%	0.5%
Dizziness	1.9%	0.0%	3.2%
Agitation	1.9%	0.0%	1.4%
Back Pain	1.9%	0.5%	0.5%
Palpitation	1.9%	0.0%	0.9%
Nervousness	1.4%	0.5%	1.8%
Anxiety	1.4%	0.0%	1.4%
Upper Respiratory Infection	1.4%	0.9%	0.9%
Abdominal Pain	1.4%	0.5%	0.5%

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A CUT ABOVE

Afraid to update your do? Don't be! Here, we make it easy to choose a style that works with your life *and* hair type

GETTING THE RIGHT haircut, the one that gives you the confidence to strut out your front door with ease, tops the list as one of life's most satisfying moments. But for many of us, it's only when we go through major life changes—becoming a mom, changing careers—that we realize our hairstyle no longer fits our needs. Yet many of us cling to the tried and true (hey, it worked in high school!), insecure about what to switch to.

If this sounds like you, you're officially in a hair rut. And we're here to help. We've addressed the three most common laments from our readers and asked Mark Garrison, a New York City hairstylist and salon owner, to come up with a few great, sensible style solutions. One of these might work well for you.

First, a few pointers: Start by asking for a consultation before the cut and bring photos—of either a celebrity whose haircut you admire or of yourself in a past style that you really liked—as that will help to get you and the stylist speaking the same language. Also, says Garrison, "discuss what you do and don't like about your present cut."

Next, the stylist will assess your face shape: A strong jaw looks best with softness around the nape, says Garrison, in order to divert attention from it. "A round face, meanwhile, needs a slim cut, where the volume is concentrated on top," he says.

Finally, the stylist will assess your hair's texture and length. If you have curly hair but you long for Demi Moore's glossy mane, and you're willing to spend time with the flat iron, then go for it. If not, pick another do. Fine hair looks best with minimal layers, as it needs the weight of a blunt style to hold it down. Thick hair, meanwhile, can handle more layers.

"I haven't cut my hair since college."

The dilemma: It's possible that between graduating from college and starting a family, you have stepped into a salon a grand total of three times. One of those visits was most likely for the "Rachel" haircut, but you never returned after realizing just how much upkeep that look required. If this sounds like you, remember that even Jennifer Aniston doesn't wear that hairstyle anymore

Style solution: The cut on this model, which Garrison calls "a new take on the shag," has a combination of bangs and layers around the face and is good for women who love long hair but need a smart update. "This has nice volume," he says, "and since it touches the shoulders, gives the illusion of length." Bangs should be cut on an angle, since boxy bangs (which are cut straight across) are the "harder kind to grow out," Garrison says.

Styling essentials: Garrison ran a texturizer such as Wella Liquid Hair Hair Putty Texturizer, $14, or Suave Smoothing Glaze Gel, $2.29, to the ends to give it a bit of oomph.



PHOTOGRAPHS BY FRANZ WALDERDORFF
PRODUCED BY CARLA ENGLER
TEXT BY PATRICIA REYNOSO



"I need a more professional look!"

ıe dilemma: You might be thrilled ɔout your new job, but when you are at your rumpled ponytail in ıe mirror, you quickly realize that ɔu're going to need a little bit of elp to get your hair out of casual ıode and into something that as career-ready as you are.

tyle solution: While there is no articular haircut that is more rofessional than another—good ews indeed!—there are certain lements that make a big difference ı how you present yourself every lay, including a smooth, neat finish ınd modern touches. Proper styling vill give almost any haircut these ɔasics, but the most dramatic ıpdate is ɜccomplished with ə great, new cut.

Few haircuts streamline your ook as effectively as the bob; long hair can look too vampy or even messy for the workplace—if it's not styled correctly, of course—and medium-length hair might not give you the impact that you need. Yet a bob always looks sophisticated and current. It's versatile, too, since it looks great sleek and straight, as it was styled on this model, or slightly wavy and more textured on other days.

Intrigued? There are a few guidelines to remember when consulting with your stylist about this haircut. "The trick to a modern bob is to have it taper to a fine edge and blend into the jaw line," explains Garrison, who also refers to this rendition of this classic haircut as a "graduated" bob. Otherwise, he adds, it can look too wig-like and stiff.

A razor or thinning shears is your stylist's best tool for taking the bulk out of hair, particularly if yours is really thick. (Scissors alone can't give the hair this airy feeling.) The front of your hair should be slightly longer than the back, with a subtle angle that slopes toward your chin. Not only does this help to accentuate your face, particularly your eyes and cheekbones, but the sharpness of the cut won't be lost when you nod or shake your head. Also, make sure that the stylist keeps the top layers long, at least long enough to graze your cheek. Go any shorter, warns Garrison, and this section will be too short in relation to the rest of your hair, making your head resemble a pineapple. Need another great reason to ask for a bob? It can be pulled back into your comfy ponytail on the weekends. Sign us up!

Styling essentials: Our model has naturally wavy hair, so Garrison began by running an anti-frizz serum through her locks. Next, he sprayed volumizer, such as Cristophe Beverly Hills Volumizing Spray Tonic, $7.99, to help lift the hair at the roots, where you need a bit of volume and movement. (We also like Rene Furterer Fioravanti No Frizz Gel, $20 and Pantene Pro V Root Lifter Volumizing Spray Gel, $3.99.) With a big round brush and blow-dryer, Garrison blew her hair straight and smooth and when finished, he quickly ran a flat iron through it. This last step is actually a time-saver, as it helps to lock in the sleekness of your blow-dry—a great plus during the busy workday. Finish with a veil of one of the new soft-hold hairsprays, such as Physique Keep It Flexible Hair Spray, $7, which will keep your do styled, yet soft to the touch.

"Help me! I have Mom hair"

The dilemma: There's lots to love about motherhood, but the number it does on your hair isn't one of them. Not only are you sleep-deprived, you're shower-deprived, too. Maintaining any kind of hairstyle may seem not worth the time and effort, until you look in the mirror and shriek: "Mom hair!" Usually, this phenomenon translates into a ponytail that seems permanently glued to your head. Though ponytails are an easy remedy for those pesky flyaways and messy mops that interfere with child rearing, they won't exactly win you any awards for stylishness. Another popular alternative is to impulsively run to the nearest salon and demand that your hair be chopped off. Granted, the freedom that comes with a short cut is understandably appealing, but there's a fine line between a sexy short do that makes you look very Sharon Stone, and one that transforms you into a dead ringer for Carol Brady from *The Brady Bunch*. So, take the time to think about whether you're ready to take the plunge and be sure to have a detailed pre-cut consultation with a stylist. Otherwise, cue the dreaded "Mom hair!" shriek.

Style solution: This perfect merging of style and function is the pixie cut sported by our model, who happens to be a mom herself. "This is a very feminine cut that suits many different face shapes," says Garrison. What makes this cut modern, he adds, is that the volume is not just on the top but on the sides of the head as well. Also, the wispy strands on the neck and around the ears are interesting details that make the cut fresh and new. If you're thinking that you could never pull off hair this short, then ask your hairstylist about a slightly longer version, which would simply require tweaking this cut to suit your hair's unique characteristics. Those with naturally curly hair might prefer to keep the cut on the longer side, especially on the top of the head and on the sides, in order to avoid frizz and puffiness. Pin-straight hair, meanwhile, can be kept fairly short and smooth against the head.

Styling essentials: Talk about wash and wear! Our model arrived at the shoot with her natural wave intact, a look that Garrison instantly loved. "It had a lot of movement, which was refreshing," he says. For a different look, Garrison opted to make her hair sleek and straight. First, he sprayed it with water and then worked a texturizing product—like Charles Worthington Results Body-Booster Silkening Mousse, $5.99—throughout her hair. Using a small round brush and blow-dryer, Garrison then blew it smooth and straight. Afterward, he worked a pomade, such as Garnier Fructis Fiber Gum Putty, $2.99, onto the fringes of the hair, sculpting it on the areas he wanted to accentuate. He continued to style it with a flat iron, which you can do, too, or you can skip this step and instead keep it more natural looking. Finally, he applied a mist of shine spray, such as Bumble and Bumble Gloss Spray, $, to make the hair silky looking. Motherhood never looked so good.

LHJ.com **Try on hairstyles before you make the big snip! Visit www.lhj.com/tryahairstyle**



Pants MADE PERFECT

THIS FALL, FIGURE-FLATTERING PANTS—FROM BOOT-CUT TO THE NEW PLEATS—WILL CAMOUFLAGE YOUR PROBLEM AREAS AND GET YOU ALL THE RIGHT ATTENTION

PHOTOGRAPHS BY MARCY MALOY
PRODUCED BY CARLA ENGLER

CROPPED

The new cropped pants are an elegant way to create a slenderizing look for your legs. Here, a fresh take in green tweed with a matching jacket and sexy high-heel pumps says it all. Coat, Boden, $200. Blazer, $[illegible] pants, $120, both Tommy [illegible] M-A-G, $180. Shoes, Kenneth Cole. Bag, $125; gloves, $49, both Ann Taylor. Necklace, Wendy Mink at Yvette Fry.



BOOT-CUT

Left: If you have a curvy figure, boot-cut pants are the way to go. With their wider cut below the knee, they balance out full hips and a more prominent derriere. On top, choose a patterned jacket for the right counterpoint. Coat, Banana Republic, $218. Blazer, Boden, $200. Sweater, $98, pants, $140, both New Frontier. Bag, Hype Handbags, $210. Scarf, Joshipura at Yvette Fry, about $190. Right: Cuffed boot-cut trousers in black with red pinstripes offer an effortless choice when you want easy yet pulled-together slimming style. Capelet, Lila, $375. Sweater, $64, pants, $118, both Banana Republic. Shoes, Heroes by Cesare Paciotti. Scarf, Echo, $28. Bag, MAXX New York. Bracelet, Kenneth Cole, $55. Gloves, La Crasia, $100.



PLEATED

Pleats are easy to pull off if you follow one simple rule: Choose the new version that sits just below your waist. High-cut pleats create an instant tummy. Keep the look polished with a fall-hued argyle sweater, a smart trench and a skinny leather belt. Trench coat, Lands' End, $248. Sweater, Banana Republic, $64. Pants, Linda Allard Ellen Tracy, $298. Belt, Nine West, $24. Bag, Cynthia Rowley, $225. Gloves, Ann Taylor, $89.



WIDE-LEG

The fuller-leg pant provides perfect proportion for a pear-shaped figure. A flat-front, no-pocket style in a darker color, such as this felted-wool pair, seals the deal. Top it all off with a bomber jacket for a smart, monochromatic look. Jacket, $299, pants, $119, both Kenneth Cole. Sweater, Express, $58. Boots, Ann Taylor Loft, $89.



STRAIGHT-LEG

Great for most body types, the high-waisted straight-leg pant is sleek and sophisticated—its naturally slimming waist makes a sexy curve. Whether you want a high-waisted look or a hip-hugging style, this pair provides both with its detachable corset belt. Jacket, Calvin Klein, $250. Sweater, Banana Republic, $64. Pants, United Colors of Benetton, $109. Boots, Isaac Mizrahi for Target, $34.99. Bag, Mussio de Groot at Yvette Fry. Bracelet, $69, necklace (worn as bracelet), $89, both Ann Taylor. Scarf, [illegible] at Yvette Fry, about $105. Beauty Bonus: A light, [illegible] scent, such as Calgon's Tahitian Orchid Body Mist, $6.95, takes the edge off a busy day.



LIM-FIT FLARE

These simple plaid, flat-front pants with a fuller boot cut are a sexy alternative to the bulky multi-pocketed version. Pair with a fitted turtleneck sweater and distressed leather blazer for instant office or weekend chic. Blazer, City DKNY, $189. Sweater, M-A-G, $202. Pants, Express, $78. Belt, Ann Taylor, $32. Gloves, La Crasia, $100. Beauty Bonus: Brighten your smile and guard against stains by brushing regularly with Crest Vivid White toothpaste, $3.99.



PHOTOGRAPH BY MARK LIDDELL

The Joys of Being Julianne

Julianne Moore's brand of beauty was not always in fashion, says the modest, down-to-earth star. Nor does she have any intention of jumping on the plastic surgery bandwagon . . . and she doesn't think any woman should, by the way.

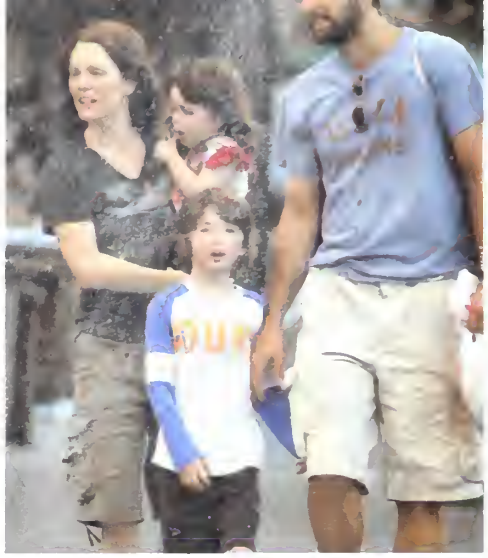
So I'm having one of those toddler-obsessive conversations with this lovely freckled redhead who, I notice, has a Cheerio stuck to her shoe. It's about the insanity of New York City preschools, suitable themes for tot birthday parties, the best types of strollers for urban terrain—the usual. Only this woman happens to be one of the great actresses of her generation. Somehow, it's heartening to learn that while Julianne Moore can command millions of dollars per movie, she could not get her son to sleep in his own bed.

"Cal slept with us until he was 4½," the 43-year-old Moore says, her eyes widening in that maternal "what you gonna do" look. We are chatting at the chic Soho House in Manhattan's Meatpacking district, and it occurs to me that as incredible an actress as she is, she's a lousy Famous Person. She is dressed simply in jeans and a gauzy, chocolate-brown blouse as she waits patiently for her diet Coke, fretting about bugging the absentee waiter. Come on! At this rate, even with a Golden Globe and three Oscar nominations, she's never going to be an *E! True Hollywood Story*.

"At first, sleeping in the same bed was just easier for breast-feeding and stuff," Moore, not privy to my private musings, continues. "But then Cal (one of her two children with husband, film director Bart Freundlich) got big, and then Liv was born and I thought, This is going to be a nightmare . . . that's a lot of people. So there came a point when my husband said to me, 'Either you teach this kid to sleep through the night . . . or we get a bigger bed.' And 10 minutes later we were in a car going downtown to buy a really big bed," Moore says, grinning. Life is good.

Life is also chaotic, but happy. That seems to be the way Moore wants it, probably in part because of her own upbringing and closeness to her parents. "You can't help being similar to your mother—there's so much that's part of your emotional vocabulary, you know?" Moore says. "I was just thinking about that this morning, when I woke up my son. I sat CONTINUED

BY JUDITH NEWMAN



"It's a very informal life," says Moore of her life in New York City with Freundlich and their kids, Liv, 2, and Caleb, 6

on his bed and rubbed his back, because my mother always did that with me. The way you were parented and the way you parent your children is just sort of in your bones."

You appreciate what a good actress Moore is when you juxtapose her happy home life and the range of parts she's played. She can convey, with brutal force, the terror and despair of ordinary women in movies like *The Hours* and *Far from Heaven*.

"People don't look any younger [with plastic surgery], they just look like they've had plastic surgery. It's an epidemic"

Her latest film, *The Forgotten* (also starring Anthony Edwards and Dominic West), is yet another showcase for her ability—quietly, effortlessly—to grip us. She plays a grieving mother who has lost her 8-year-old son, and when a psychiatrist tells her she has concocted eight years of false memories and she never really had a son in the first place, she must prove her sanity. It's a terrifying conceit, and one that Moore clearly relishes. "The best psychological thrillers are the ones with an emotional core—they resonate," says Moore. "This film is about how strong the bond between a parent and a child really is."

The fact that she's the star of an ice-in-your-veins flick is perfectly fine by Moore, by the way. "Ever since I was a little kid, scary movies were my favorite thing," she says. "What's scary to me is the devil—and ghosts!" she adds, eyes shining. Halloween, as it happens, is a beloved holiday: "My daughter wants to be pink—not the singer, the color. Pink tights, pink shoes . . . pink, pink, pink. I thought, That's a really funny idea. Last year my son was The Hulk, but this year he wants to be a snowboarding guy. When they're little, they don't like the scary costumes. One year a kid came to the school party as a vampire with blood on his face, and everyone was terrified. It was awful; we had to talk everybody down."

Moore herself has enjoyed that goose-bumpy feeling ever since she was a wee movie fan, first in North Carolina and then at various Army posts around the world—her father was a judge in the U.S. military court of appeals. She began acting while at Boston University, moved to New York City, and was soon cast as good-and-evil twins on *As the World Turns*. Several small movie and theater roles later, Robert Altman cast her in 1993's *Short Cuts*, which gained her national attention for the first time.

Still, given her beauty and all the on-screen love scenes, why is our perception of Moore still a little . . . frosty? Maybe it has something to do with her self-perception. Moore says she wasn't considered particularly good-looking by casting people. "I was told that I wasn't pretty enough. I remember reading for a part and my agent saying, 'They want you for a callback and you need to look as pretty as you possibly [can]. And I said, 'I'm not trying to look bad!' When they cast a model for it, I was told, 'Ye they wanted a really pr girl.' You see, beauty is ab perception, because a lo people starting out were they weren't pretty enou And then, you become m successful and sudde you're pretty enough. Your look become acceptable." And Mo notes how standards of beauty k changing. "Who says big lips prettier than small lips?"

Even though her redheaded, fa skinned features are now "acceptab enough to make her a model f Revlon, Moore is dismayed by t standards of perfection to whi women are held. "There is so mu illusion in photographs and movies I know an actress who was looking a photo in a magazine and said, 'W don't I look like that?'—and then s realized it was a picture of herself."

Aging in an unforgiving indust is on Moore's mind, of course—ho could it not be? But her take is u usual: "Rather than getting scar and going, 'Oh, I don't look the sa as I did 10 or 20 years ago,' it's s much better to say, 'Okay, this where I am in my life.' What's reall interesting about Botox and plasti surgery is that I always feel peopl don't look any younger with it. They simply look like they've had plasti surgery. What I don't want is fo people to stop looking like people o for there to be a homogenized sense of what's beautiful. I guess if I didn't feel it was an epidemic, I'd feel better about it." Moore thinks they're missing the point, anyway. "It's not about their faces falling apart—it's that, especially when you have CONTINUED


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children and a life, you realize you have only a finite amount of time. And it panics you. Or it panics me, anyway. So it's less about eye cream than 'where is my life?'"

"Did you see that picture of me in the *New York Post* yesterday?" Moore asks. "I was on the way to the playground with a doll under one arm and a stroller in the other, and my daughter next to me, and I was wearing a pair of men's shorts, which make me look enormous. My girlfriend called me up, screaming with laughter, and said, 'You can't wear those ridiculous shorts when you're walking around the streets.' So I've begun to think I should make more of an effort." But Moore has her own rationale: "With children, you're always dirty. Everything you wear you have to be able to wash. Or I have a wardrobe for a premiere or a press conference, but nothing in between. That's the way my life is."

Moore's mellow approach to fashion is similar to her take on marriage. "You know, I was reading July's *Ladies' Home Journal* in which Bette Midler was asked the secret to a long marriage and she said, 'I'm out of town a lot.' But then she said, 'Seriously, I have no idea. We're just doing it by the seat of our pants.' And she's right. That's what everybody does. Everybody's relationship is different—it's difficult to say what brings you together."

Moore will also happily confess she has as many problems as the rest of us mortals do to keep the flames of passion burning. "I used to be a night person, but I'm not anymore because I have kids and I'm exhausted," she says. "I mean, honestly, it's gotten to be a real problem. I don't know how to get in bed soon enough. I just try to get the kids to sleep so I can have some time with my husband before I conk out. There's just literally a point where I can't talk anymore because I'm too tired, and I start getting really crabby." Still, she and her husband are doing what they can to make time for each other. "We talk about going away, but our kids are so little. We talk about the days when we could get up when we wanted, eat breakfast, go for a walk, and maybe see a movie and take a nap. That would be great to do with Bart, but it just doesn't happen."

> "I'm a miserable pregnant person—I'm nauseous all the time—but after I have a baby I'm so happy, on cloud nine"

It's a little hard to imagine Moore really, truly crabby—there's just too much of the "good girl" about her. And she is the first to agree: It's a key value for her and, she hopes, for her children. "If being 'good' means being responsible, polite, decent to other people—then yes, I want them to be people who listen to others and really notice things," she explains. "You know, rules exist so people don't hurt themselves or others. That's what I think being a 'good' girl or boy is—it doesn't mean you can't have a good time."

I ask Moore what she wants for her own children: fame? acting? She shrugs. Like all mothers, she loves contemplating the possibilities but has no intention of pigeonholing her kids. "Liv is definitely the dramatic one, so . . . I don't know," she says. "But forget about admiring your Mom does—they don't even know what it is," she says with a laugh. "Children don't care. They just don't want you to work. My son is only now becoming conscious of what I do. He came home from school and said, 'Mommy, you're on that magazine cover, and that means you're famous.' I said, 'No, I'm on that magazine cover because it's part of my job.' If you ask my daughter what Mom does, she'll say 'yoga.'"

Moore loves raising her family in New York City. "There's a tremendous feeling of community here. After 9/11, someone said to me, 'Are you surprised how wonderful everyone was in the city during that time?' But anybody who has lived here for any length of time wasn't surprised." Now that her younger child is a toddler, baby lust is consuming her again. "I'm a miserable pregnant person—I'm nauseous all the time—but after I have a baby I'm so happy, on cloud nine—it's this total hormonal thing. Happy happy! And I immediately say, 'Let's have another one! I do love babies. I vacillate all the time, but I think I'm okay with two right now." Moore still plans on expanding her family, however. "We're going to get a dog, a rescue dog, a small one. Recently I was at a dinner party, and someone had brought a dog. Before I knew it, the dog was on my lap. And I used to talk to the owner of two enormous Dobermans that lived in my building, and the dogs would lean on me. I'm just a dog magnet."

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Jane Pauley's Second Act

After a brief hiatus from the public eye, Jane Pauley is back with a new TV show, a new book, and her big sister by her side

BY JEANNE WOLF

Jane Pauley is back. After leaving NBC in 2003, the veteran host of *Today* and *Dateline NBC* is venturing into the treacherous waters of daytime television as host of *The Jane Pauley Show*. But this time she's got a secret weapon—her older sister, Ann, is a producer on the show alongside her. "I wasn't even thinking about going back to television, but then the opportunity suddenly came up," says Jane, 53. Since Jane and Ann, a successful technology executive, had fantasized many times about working together on a project, Jane had no problem luring her sister into the world of television. "We'd always talked about being partners on something," explains Ann, "so I thought, You know what? I could be ready to do this."

Now the Pauley women have offices side by side. "I don't think you'd call either one of us neat," Jane admits. "But Ann's a little bit more organized than I am." We sat down with them to chat about the show and Pauley's new memoir, *Skywriting: A Life Out of the Blue*.

Q: Your new daytime talk show is directed at women, and you'll be talking to all kinds of guests—everyday people, celebrities, news makers. What attracted you to this?

Jane Pauley: I think that now more than ever, women in our age group have a chance to discover their authentic selves. There are opportunities for rediscovery and regeneration, which is why women find one another so fascinating at this stage in their lives. We turn to one another for conversation and inspiration and—to use the most perfect word of all—support. We both think this program can encourage that.

Q: And is that the kind of relationship the two of you have?

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"In our family it was understood that if you didn't get an A in citizenship, you were in trouble," says Ann, left, with little sister Jane

JP: Well, for about a dozen years or more, we've gone to Canyon Ranch spa together.

Ann Pauley: And our idea of a thrilling vacation together usually involved sitting at a table writing ideas on little scraps of paper. We never knew exactly what we'd do with them. But one of the books we read there was called *Halftime*, which explored the notion that people should start thinking about their second career while they're in their first. I think we always had the idea that a time would come, before we were too old, to do something different. When Jane's contract came up, it was a natural milestone.

Q: Was it hard for both of you to navigate your relationship when Jane started finding success on television?

JP: I was the little sister and then I was suddenly a highly paid TV reporter, an 800-pound celebrity little sister. That was kind of a problem for me. I found it very destabilizing. I started trying to find ways to divvy everything up. I wanted to give Ann a piece of things. When I wrote my book, I wanted her to be the co-author and she declined. But we may actually do a book together, soon.

Q. What was the impetus for you to write *Skywriting*?

JP: About a dozen years ago—out of nowhere—this impulse to write came. It was on a Saturday morning and I went to my computer and just started. It was wild. I enjoyed writing, even though most of it was dreck. Every now and then I'd write a sentence that I was quite proud of. I wrote early Saturday mornings ... Not because that's when the family slept in. And I'd hope they'd sleep longer because I wanted to write more. So I kept writing, plumbing my memories, and it turned out that Ann and I came from a far more interesting family than we knew.

Q: How do you all fit together?

JP: Our mother was an organist and our father was an evaporated-milk salesman. My dad built our garage himself. And Ann built a harpsichord from a kit when she was a kid! I was the misfit because I panic over anything like that.

The process of writing the book was one of discovery for me. It forced me to do some housekeeping, like, "Little Janey was in a family that could do hard things like math and building garages and she didn't have any of those competencies." But writing it from the perspective of someone who has had a couple of decades of a network-television career, it was like, "Maybe there's a little more to Janey than I had given her credit for." I needed to keep writing until I found out how it turned out.

Q: You're both in successful marriages—a feat in itself. Jane, you've been married to Garry Trudeau, the *Doonesbury* cartoonist, for 24 years, and Ann, you and George Uram have been married for 25 yrs. What's the secret?

JP: Garry was always on dea line [*laughing*]. I think he ma ried me because when I had go to bed early for *Today*, he could get back to work. I both our husbands have be supportive of our jobs and a reers. They're just knocked a by the work we do and that's critical. You have to go into marriage understanding that you're going to stay until the end. If you go into it thinking, "I hope this works," it probably won't. And there's also companionship. As much as Ann and I enjoy spending time with each other, we like our husbands best. They're just great to hang out with.

AP: Jane said that she knew I'd marry George because she could tell that I wanted to be with him whether she liked him or not. And with Garry, after we met him, there was no question that she would have to do some explaining if they didn't get married.

JP: Yeah, they really liked him.

Q: It's hard for parents to treat siblings equally. How did yours do it?

AP: I remember Garry giving our parents an antique picture in a frame that had my photo on one side and Jane's on the other. When I came to visit, my picture would be facing out and if Jane came, you'd see her picture.

Q: You are clearly very excited about working together.

JP: What's great is when you tell people, "I'm working with my sister," and you sort of see them thinking, "How cool is that?" We're just lucky to have this opportunity.

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BRIEF SUMMARY

INDICATIONS AND USAGE

Ambien (zolpidem tartrate) is indicated for the short te[illegible] Ambien has been shown to decrease sleep latency [illegible] sleep for up to 35 days [illegible]

Hypnotics should generally be [illegible] of the patient is recommended [illegible] Ambien should not be prescribed [illegible] *Warnings*).

CONTRAINDICATIONS

None known.

WARNINGS

Since sleep disturbances [illegible] physical or psychiatric [illegible] be initiated only after a [illegible] insomnia to remit after 7 to 10 days of [illegible] a primary psychiatric and/or med[illegible] worsening of insomnia or the emergence [illegible] es may be the consequence [illegible] Such findings have emerged during the [illegible] drugs, including Ambien. Because some of [illegible] effects of Ambien appear to be dose related [illegible] *Administration*), it is important to use [illegible] especially in the elderly.

[illegible] behavior changes have been reported to [illegible] of sedative hypnotics. Some of these changes [illegible] characterized by decreased inhibition (eg, aggressiveness and extroversion) [illegible] of character similar to effects produced by alcohol and other CNS depressants. Other reported behavioral changes have included bizarre behavior, agitation, hallucinations, and depersonalization. Amnesia and other neuropsychiatric symptoms may occur unpredictably. In primarily depressed patients, worsening of depression, including suicidal thinking, has been reported in association with the use of sedative hypnotics.

It can rarely be determined with certainty whether a particular instance of the abnormal behaviors listed above is drug induced, spontaneous in origin, or a result of an underlying psychiatric or physical disorder. Nonetheless, the emergence of any new behavioral sign or symptom of concern requires careful and immediate evaluation.

Following the rapid dose decrease or abrupt discontinuation of sedative hypnotics, there have been reports of signs and symptoms similar to those associated with withdrawal from other CNS depressant drugs (see *Drug Abuse and Dependence*).

Ambien, like other sedative hypnotic drugs, has CNS depressant effects. Due to the rapid onset of action, Ambien should only be ingested immediately prior to going to bed. Patients should be cautioned against engaging in hazardous occupations requiring complete mental alertness or motor coordination such as operating machinery or driving a motor vehicle after ingesting the drug, including the potential impairment of the performance of such activities that may occur the day following ingestion of Ambien. Ambien showed additive effects when combined with alcohol and should not be taken with alcohol. Patients should also be cautioned about possible combined effects with other CNS-depressant drugs. Dosage adjustments may be necessary when Ambien is administered with such agents because of the potentially additive effects.

PRECAUTIONS

General

Use in the elderly and/or debilitated patients. Impaired motor and/or cognitive performance after repeated exposure or unusual sensitivity to sedative/hypnotic drugs is a concern in the treatment of elderly and/or debilitated patients. Therefore, the recommended Ambien dosage is 5 mg in such patients (see *Dosage and Administration*) to decrease the possibility of side effects. These patients should be closely monitored.

Use in patients with concomitant illness. Clinical experience with Ambien in patients with concomitant systemic illness is limited. Caution is advisable in using Ambien in patients with diseases or conditions that could affect metabolism or hemodynamic responses. Although studies did not reveal respiratory depressant effects at hypnotic doses of Ambien in normals or in patients with mild to moderately chronic obstructive pulmonary disease (COPD), a reduction in the Total Arousal Index together with a reduction in lowest oxygen saturation and increase in the times of oxygen desaturation below 80% and 90% was observed in patients with mild to moderate sleep apnea when treated with Ambien 10 mg when compared to placebo. However precautions should be observed if Ambien is prescribed to patients with compromised respiratory function, since sedative hypnotics have the capacity to depress respiratory drive. Post marketing reports of respiratory insufficiency, most of which involved patients with pre-existing respiratory impairment, have been received. Data in end stage renal failure patients repeatedly treated with Ambien did not demonstrate drug accumulation or alterations in pharmacokinetic parameters. No dosage adjustment in renally impaired patients is required; however these patients should be closely monitored (see *Pharmacokinetics*). A study in subjects with hepatic impairment did reveal prolonged elimination in this group; therefore, treatment should be initiated with 5 mg in patients with hepatic compromise, and they should be closely monitored.

Use in depression. As with other sedative hypnotic drugs, Ambien should be administered with caution to patients exhibiting signs or symptoms of depression. Suicidal tendencies may be present in such patients and protective measures may be required. Intentional overdosage is more common in this group of patients; the least amount of drug that is feasible should be prescribed for the patient at any one time.

Information for patients. [illegible] the complete prescribing information.

Laboratory tests There are no specific laboratory tests recommended.

Drug interactions

CNS-active drugs [illegible] In healthy volunteers, single-dose interaction studies [illegible] A study involving haloperidol and zolpidem revealed [illegible] pharmacokinetics or pharmacodynamics of haloperidol [illegible] with zolpidem produced no pharmacokinetic [illegible] ease in peak level of impairment, but there was [illegible] of alertness. Similarly, chlorpromazine [illegible] with zolpidem had no pharmacokinetic interaction, but there was [illegible] drowsiness and psychomotor performance. [illegible] single-dose administration of [illegible] medications.

An additive effect in psychomotor performance [illegible] of zolpidem was demonstrated.

A single dose oral [illegible] study with [illegible] not at steady state levels [illegible] significant pharmacokinetic or pharmacodynamic [illegible] zolpidem and fluoxetine at steady state [illegible] females, the only significant change was a [illegible] There was no evidence of an additive effect.

Following five consecutive nightly doses of [illegible] sertraline 50 mg, 17 consecutive daily doses, in [illegible] volunteers, zolpidem C$_{max}$ was significantly higher, [illegible] decreased 53%. Pharmacokinetics of sertraline [illegible] unaffected by zolpidem.

Since the systematic evaluation of Ambien [illegible] active drugs have been limited, careful consideration should be given to the pharmacology of any CNS active drug to be used with Ambien. Any additive CNS-depressant effects could potentially enhance the CNS sleep-assessment effects of zolpidem.

Drugs that affect drug metabolism via cytochrome P450: [illegible] randomized, double-blind, crossover interaction study in ten healthy volunteers between diltiazem 200 mg once daily for 4 days and a single dose of zolpidem 10 mg given 5 hours after the last dose of diltiazem resulted [illegible] increase in AUC$_{\infty}$ of zolpidem. There were no significant pharmacodynamic effects of zolpidem on subjective drowsiness, postural sway or psychomotor performance.

A randomized, placebo-controlled, crossover interaction study in eight healthy female volunteers between a benzodiazepine-free oral contraceptive (ethinyl estradiol 30 mcg and levonorgestrel 150 mcg) and a single dose of zolpidem 20 mg, given 17 hours after the last dose of oral contraceptive, showed significant reductions of the AUC$_{0-\infty}$, C$_{max}$, and T$_{max}$ (38%) of zolpidem together with significant reductions in the pharmacodynamic effects of zolpidem.

Other drugs: A study involving cimetidine/zolpidem and ranitidine/zolpidem combinations revealed no effect of either drug on the pharmacokinetics or pharmacodynamics of zolpidem. Zolpidem had no effect on digoxin kinetics and did not affect prothrombin time when given with warfarin in normal subjects. Zolpidem's sedative hypnotic effect was reversed by flumazenil, however no significant alterations in zolpidem pharmacokinetics were found.

Drug/Laboratory test interactions: Zolpidem is not known to interfere with commonly employed clinical laboratory tests. In addition, clinical data indicate that zolpidem does not cross react with benzodiazepines, opiates, barbiturates, cocaine, cannabinoids, or amphetamines in two standard urine drug screens.

Carcinogenesis, mutagenesis, impairment of fertility

Carcinogenesis: Zolpidem was administered to rats and mice for 2 years at dietary dosages of 4, 18, and 80 mg/kg/day. In mice these doses are 26 to 520 times or 2 to 35 times the maximum 10 mg human dose on a mg/kg or mg/m^2 basis, respectively. In rats these doses are 43 to 876 times or 6 to 115 times the maximum 10 mg human dose on a mg/kg or mg/m^2 basis, respectively. No evidence of carcinogenic potential was observed in mice. Renal liposarcomas were seen in 4/100 rats: 3 males, 1 female receiving 80 mg/kg/day and a renal lipoma was observed in one male rat at the 18 mg/kg/day dose. Incidence rates of lipoma and liposarcoma for zolpidem were comparable to those seen in historical controls and the tumor findings are thought to be a spontaneous occurrence.

Mutagenesis: Zolpidem did not have mutagenic activity in several tests including the Ames test, genotoxicity in mouse lymphoma cells in vitro, chromosomal aberrations in cultured human lymphocytes, unscheduled DNA synthesis in rat hepatocytes in vitro, and the micronucleus test in mice.

Impairment of fertility: In a rat reproduction study, the high dose 100 mg base/kg/d of zolpidem resulted in irregular estrus cycles and prolonged precoital intervals, but there was no effect on male or female fertility after daily oral doses of 4 to 100 mg base/kg or 5 to 130 times the recommended human dose in mg/m^2. No effects on any other fertility parameters were noted.

Pregnancy

Teratogenic effects. Category B. Studies to assess the effects of zolpidem on human reproduction and development have not been conducted.

Teratology studies were conducted in rats and rabbits.

In rats, adverse maternal and fetal effects occurred at 20 and 100 mg base/kg and included dose-related maternal lethargy and ataxia and a dose-related trend to incomplete ossification of fetal skull bones.

In rabbits, dose-related maternal sedation and decreased weight gain occurred at all doses tested. At the high dose, 16 mg base/kg, there was an increase in postimplantation fetal loss and underossification of sternebrae in viable fetuses.

This drug should be used during pregnancy only if clearly needed.

Nonteratogenic effects. Studies to assess the effects on children whose mothers took zolpidem during pregnancy have not been conducted. However children born of mothers taking sedative hypnotic drugs may be at some risk for withdrawal symptoms from the drug during the postnatal period. In addition, neonatal flaccidity has been reported in infants born of mothers who received sedative hypnotic drugs during pregnancy.

Labor and delivery. Ambien has no established use in labor and delivery.

Nursing mothers. Studies in lactating mothers indicate that between 0.004 and 0.019% of the total administered dose is excreted into milk, but the effect of zolpidem on the infant is unknown.

The use of Ambien in nursing mothers is not recommended.

Pediatric use. Safety and effectiveness in pediatric patients below the age of 18 have not been established.

Geriatric use. A total of 154 patients in U.S. controlled clinical trials and 397 patients in non-U.S. clinical trials who received zolpidem were ≥60 years of age. For a pool of U.S. patients receiving zolpidem at doses of ≤10 mg or placebo, there were three adverse events occurring at an incidence of at least 3% for zolpidem and for which the zolpidem incidence was at least twice the placebo incidence, ie, they could be considered drug related:

Adverse Event	Zolpidem	Placebo
Dizziness	3%	0%
Drowsiness	5%	2%
Diarrhea	3%	1%

A total of 301 959 U.S. patients receiving zolpidem reported falls, including 29/30 938 who were ≥70 years of age. Of these 28 patients, 23 (82%) were receiving zolpidem doses >10 mg. A total of 24/1 959 (1.2%) non-U.S. patients receiving zolpidem reported confusion, including 8/24 (75%) who were ≥70 years of age. Of these 16 patients, 14/16 (88%) were receiving zolpidem doses >10 mg.

ADVERSE REACTIONS

Associated with discontinuation of treatment: Approximately 4% of 1 701 patients who received zolpidem at all doses 1.25 to 90 mg in U.S. premarketing clinical trials discontinued treatment because of an adverse clinical event. Events most commonly associated with discontinuation from U.S. trials were daytime drowsiness 0.5%, dizziness 0.4%, headache 0.5%, nausea 0.6% and vomiting 0.5%.

Approximately 4% of 1 959 patients who received zolpidem at all doses (1 to 50 mg) in similar foreign trials discontinued treatment because of an adverse event. Events most commonly associated with discontinuation from these trials were daytime drowsiness 1.1%, dizziness/vertigo 0.8%, amnesia 0.5%, nausea 0.5%, headache 0.4%, and falls 0.4%.

Data from a clinical study in which selective serotonin reuptake inhibitor (SSRI) treated patients were given zolpidem revealed that four of the seven discontinuations during double-blind treatment with zolpidem (n=95) were associated with impaired concentration, confusing or aggravated depression, and manic reaction; one patient treated with placebo (n=97) was discontinued after an attempted suicide.

Incidence in controlled clinical trials

Most commonly observed adverse events in controlled trials: During short-term treatment (up to 10 nights) with Ambien at doses up to 10 mg, the most commonly observed adverse events associated with the use of zolpidem and seen at statistically significant differences from placebo-treated patients were drowsiness reported by 2% of zolpidem patients, dizziness (1%), and diarrhea (1%). During longer-term treatment (28 to 35 nights with zolpidem at doses up to 10 mg, the most commonly observed adverse events associated with the use of zolpidem and seen at statistically significant differences from placebo-treated patients were dizziness 5% and drugged feelings 3%.

Treatment-emergent adverse experiences in placebo-controlled clinical trials: The following are treatment-emergent adverse events from U.S. placebo-controlled clinical trials. Data are limited to data from doses up to and including 10 mg. In short term trials, events seen in zolpidem patients (n=685) at an incidence 1% or greater compared to placebo (n=473) were: headache 7% vs 6%, drowsiness 2% vs 0%, dizziness 1% vs 0%, nausea 2% vs 1%, diarrhea 1% vs 0%, and myalgia 1% vs 0%. In long term clinical trials events seen in zolpidem patients (n=152) at an incidence of 1% or greater compared to placebo (n=65) were: dry mouth 3% vs 1%, [illegible] placebo), allergy 4% vs 1%, back pain 3% vs 2%, influenza-like symptoms 2% vs 0%, chest pain 2% vs 0%, fatigue 1% vs 2%, palpitation 2% vs 0%, headache 19% vs 22%, dizziness 8% vs 5%, dizziness 5% vs 1%, lethargy 3% vs 1%, drugged feelings 3% vs 0%, lightheadedness 2% vs 1%, depression 2% vs 1%, abnormal dreams 1% vs 0%, amnesia 1% vs 0%, anxiety 1% vs 1%, nervousness 1% vs 0%, sleep disorder 1% vs 0%, nausea 8% vs 6%, dyspepsia 5% vs 6%, diarrhea 3% vs 2%, abdominal pain 2% vs 2%, constipation 2% vs 1%, anorexia 1% vs 1%, vomiting 1% vs 1%, infection 1% vs 1%, myalgia 7% vs 7%, [illegible]gia 4% vs 4%, upper respiratory infection 5% vs 6%, sinusitis 4% vs 3%, pharyngitis 3% vs 1%, rhinitis 1% vs 3%, rash 2% vs 1%, and urinary infection 2% vs 2%.

Dose relationship for adverse events: There is evidence from dose controlled trials suggesting a dose relationship for many of the adverse events associated with zolpidem use, particularly for certain CNS and gastrointestinal adverse events.

Adverse events are further classified and enumerated in order of decreasing frequency using the following definitions: frequent adverse events are defined as those occurring in greater than 1/100 subjects; infrequent adverse events are those occurring in 1/100 to 1/1 000 patients; rare events are those occurring in less than 1/1 000 patients.

Frequent: abdominal pain, abnormal dreams, allergy, amnesia, anorexia, anxiety, arthralgia, asthenia, ataxia, back pain, chest pain, confusion, constipation, depression, diarrhea, diplopia, dizziness, drowsiness, drugged feelings, dry mouth, dyspepsia, euphoria, fatigue, headache, hiccup, infection, influenza-like symptoms, insomnia, lethargy, lightheadedness, myalgia, nausea, nervousness, palpitation, sleep disorder, vertigo, vision abnormal, vomiting.

Infrequent: abnormal hepatic function, agitation, arthritis, bronchitis, bronchovascular disorder, coughing, cystitis, decreased cognition, detached reality, concentrating, dysarthria, dysphagia, dyspnea, edema, emotional lability, hallucination, eye pain, flailing, fever, flatulence, gastroenteritis, hallucinations, hyperglycemia, hypertension, hypoesthesia, illusion, increased SGPT, increased sweating, leg cramps, malaise, menstrual disorder, migraine, pallor, paresis, postural hypotension, pruritus, sciatica, sleeping after daytime dosing, speech disorder, stupor, syncope, tachycardia, taste perversion, thirst, tinnitus, tremor, urinary incontinence, vaginitis.

Rare: abdominal / body sensation, abnormal accommodation, abnormal thinking, abscess, acne, acute renal failure, aggressive reaction, allergic reaction, allergy aggravated, altered saliva, anaphylactic shock, anemia, pectoris, apathy, appetite increased, arrhythmia, arteritis, arthrosis, anemia, breast fibroadenosis, breast neoplasm, breast pain, bronchospasm, bullous eruption, circulatory failure, conjunctivitis, corneal ulceration, decreased libido, delusion, dementia, depersonalization, dermatitis, dysphasia, [illegible]ertension, epistaxis, eructation, esophagospasm, extrasystoles, face edema, feeling strange, flushing, furunculosis, gastritis, glaucoma, gout, hemorrhoids, herpes simplex, herpes zoster, hot flashes, hypercholesteremia, hyperhidrosis, hyperlipidemia, hypertension aggravated, hypokinesia, hypotension, hypotonia, hypoxia, hysteria, impotence, increased alkaline phosphatase, increased BUN, increased ESR, increased saliva, increased SGOT, injection inflammation, intestinal obstruction, intoxicated feeling, lacrimation abnormal, laryngitis, leukopenia, lymphadenopathy, macrocytic anemia, manic reaction, micturition frequency, muscle weakness, myocardial infarction, neuralgia, tics, neuropathy, neurosis, nocturia, otitis externa, otitis media, pain, panic attacks, paresis, parotitis, periorbital edema, personality disorder, phlebitis, photopsia, photosensitivity reaction, pneumonia, polyuria, pulmonary infarction, pulmonary embolism, purpura, pyelonephritis, rectal hemorrhage, renal calculus, restless legs, rigors, sciatica, somnambulism, suicide attempts, tendinitis, tetanus, tetany, thrombosis, tolerance increased, tooth caries, urinary retention, urticaria, varicose veins, ventricular tachycardia, weight decrease, yawning.

DRUG ABUSE AND DEPENDENCE

Controlled substance: Schedule IV.

Abuse and dependence: Studies of abuse potential in former drug abusers found that the effects of single doses of zolpidem tartrate 40 mg were similar, but not identical to, diazepam 20 mg, while zolpidem tartrate 10 mg was difficult to distinguish from placebo.

Sedative hypnotics have produced withdrawal signs and symptoms following abrupt discontinuation. These reported symptoms range from mild dysphoria and insomnia to a withdrawal syndrome that may include abdominal and muscle cramps, vomiting, sweating, tremors, and convulsions. The U.S. clinical experience from zolpidem does not reveal any clear evidence for withdrawal syndrome. Nevertheless, the following adverse events included in DSM-III criteria for uncomplicated sedative/hypnotic withdrawal were reported at an incidence of ≤1% during U.S. clinical trials following placebo substitution occurring within 48 hours following last zolpidem treatment: fatigue, nausea, flushing, lightheadedness, uncontrolled crying, emesis, stomach cramps, panic attacks, nervousness, and abdominal discomfort. Rare post-marketing reports of drug dependence and withdrawal have been received.

Individuals with a history of addiction to or abuse of drugs or alcohol are at increased risk of habituation and dependence; they should be under careful surveillance when receiving any hypnotic.

OVERDOSAGE

Signs and symptoms: In European postmarketing reports of overdose with zolpidem alone, impairment of consciousness has ranged from somnolence to light coma, with one case each of cardiovascular and respiratory compromise. Individuals have fully recovered from zolpidem tartrate overdoses up to 400 mg (40 times the maximum recommended dose). Overdose cases involving multiple CNS-depressant agents, including zolpidem, have resulted in more severe symptomatology, including fatal outcomes.

Recommended treatment: General symptomatic and supportive measures should be used along with immediate gastric lavage where appropriate. Intravenous fluids should be administered as needed. Flumazenil may be useful. Respiration, pulse, blood pressure, and other appropriate signs should be monitored and general supportive measures employed. Sedating drugs should be withheld following zolpidem overdosage. Zolpidem is not dialyzable.

The possibility of multiple drug ingestion should be considered.

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Revised August 2[illegible]

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SLEEPLESS IN AMERICA

Ladies' Home Journal

SPECIAL REPORT

The Stressed-out American Family

PART SEVEN

Desperately seeking a good night's sleep? Stress is the No. 1 sleep thief, and women are the biggest sufferers. Here, help with all your sleep problems—from bad beds to snoring husbands

BY LINDA MARSA

Dana Greenia's worries about her job have begun to invade her dreams—that is, when she actually *gets* to sleep. On too many nights, the 43-year-old university administrator in Orange, California, spends hours staring at her bedroom ceiling, endlessly running over her lengthy mental to-do list, then dragging herself to work the next day after only about four hours of shut-eye. Her punishing schedule doesn't afford any lulls that would allow her to refuel. In addition to overseeing a 100-person academic department, she's the mother of two kids under 4, she commutes in rush-hour traffic for up to two hours a day, and she somehow squeezes in laundry, grocery shopping and cooking. "I'm exhausted all the time," Greenia says, "and there nev seem to be enough hours in the day."

The former nurse limits her ca feine fix to two cups of coffee a da but when she's beat, she recharg with a late-afternoon Frappuccino she won't fall asleep at the wheel her long drive home. "But then t caffeine will keep me going until aft we've put the kids to CONTINU





My pasta sauces have so many uses, they're starting to get an identity crisis.



Paul Newman

Well, no wonder. I mean, how would you feel if you started out in life as a rich, all-natural pasta sauce only to discover later that you were also a natural-born marinara sauce for chicken? Or a sassy Creole gumbo for rice and seafood? In fact, my sauces have so many identities, it's enough to make your head spin. They give almost any meal more personality. Or should I say, multiple personalities?







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bed," says Greenia, who hits the sack by 10 but is often up till 2 waiting for sleep. "Then the alarm goes off at 6," she says, "and it starts all over again."

Like many of us, Greenia is trapped in a self-perpetuating cycle of sleeplessness caused by the relentless stress of our 24/7 lives. Being sleep deprived makes us even more stressed because we're often unable to perform simple tasks competently, leaving us scrambling to catch up—and worrying we won't be able to sleep the next night. "Stress is the primary reason why people have difficulty sleeping—it's the most powerful disrupter of sleep, even more so than caffeine," says Gregg D. Jacobs, Ph.D., a sleep expert at Harvard Medical School, in Boston, and author of *Say Goodnight to Insomnia*. Stress can turn us into chronic insomniacs, he adds, "because after days of sleeping poorly, we can become preoccupied with not sleeping," which can make sleep even harder to come by.

In fact, half of adult Americans say stress and worry keep them up at night, according to a 2004 Harris Interactive poll. Indeed, seven out [illegible] adults get fewer than six hours [illegible] sleep most nights, when between [illegible] en and nine is considered optim[illegible] But being terminally tired does[illegible] just sap your energy and make [illegible] dim-witted and ill-tempered. Shrinchanging yourself of restful slumber may have serious health consequences. It also compromises safety by increasing the risk of industrial and automobile accidents.

"There's no substitute for getting a good night's sleep on a CONTINUED

When Not to Sleep With Your Husband

The marriage bed is a powerful symbol of wedded bliss. But humans are the only species where sleep and sex are actually linked, points out Neil Stanley, Ph.D., chairman of the British Sleep Society. "For animals," he says, "these are two different events. More couples than we realize are sleeping in separate beds. 12 percent of married adults, according to a 2001 National Sleep Foundation poll. [illegible] one in most cases by choice. [illegible] would not recommend [illegible] arrangement for [illegible] couples, [illegible] can [illegible] marriage. They [illegible] [illegible] [illegible]



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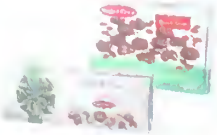
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How to Find the Mattress of Your Dreams

A queen mattress can mean the difference between heavenly sleep and hardly sleeping at all. Trying to [illegible] among the array of styles and innovations is enough to make a weary consumer fall into her lumpy bed in despair.

"Ideally, you want a mattress that allows the spine to assume a position of comfort, without any stress or strain," says Scott D. Boden, M.D., director of the Emory Spine Center in Atlanta. Popular wisdom had long held that this called for a firm mattress. But one study shows that those who sleep on medium-firm surfaces report less back pain than those who sleep on the firmest mattresses.

So how do you choose a mattress that's right for you? "Consumers should be sure to lie down on the mattress in their typical sleep position," says Nancy Blair, executive director of the Better Sleep Council. "You can't judge a mattress by sitting on it." [illegible] for the next 10 years. You might want to test sleep on it. Some mattress companies let you test their product at home.

Many mattress innovations have hit the market recently promising improved sleep and fewer aches and pains. Here are a few popular options and their claims:

Pillowtops

Brands: Simmons, Sealy, Serta and others
Price: $700 to $3,600*
The claim: Because pillowtop mattresses feature an extra pillow-like layer sewn into the top of the mattress, they are said to provide extra cushioning and comfort while maintaining the natural support and firmness of the mattress. Manufacturers say the pillowtops don't lose their resiliency, and you don't have to flip them either. 800-628-8737 (*www.mattress.com*)

Memory Foam

Brands: Tempur-Pedic, Dormia
Price: $900 to $2,800
The claim: Developed by NASA in the 1970s, memory foam temperature-sensitive foam takes the [illegible] impressed [illegible] springs [illegible] Manufacturers say memory foam allows air to breathe through it, keeping you warm in winter and cool in summer. Moreover, it distributes pressure evenly throughout the spine and joints. The top layer is soft, while the resilient base layer makes the mattress more responsive to a sleeper's movements without disturbing the partner. 800-721-5152 (*www.tempurpedic.com*) 800-273-0573 (*www.dormia.com*)

Air Mattresses

Brands: Select Comfort, Nautilus
Price: $800 to $3,100
The claim: Because you can adjust their firmness or softness to your comfort level by pumping air into a sealed chamber, air beds claim to provide even pressure, whereas innerspring mattresses may create uncomfortable pressure points or areas with less support. The bed's edges are supported by high-density foam. Dual-chamber models allow you to adjust both sides of the bed separately to suit both you and your partner. 800-548-7231 (*www.selectcomfort.com*) 800-656-6629 (*www.fitrest.com*)

High-Tech Sleep System

Brand: Dux
Price: $4,150 to $7,000
The claim: The Swedish-designed sleep system's main boast is an innerspring system of 3,600 springs, compared with 900 in a conventional mattress. More springs mean the mattress contours to the body's curves better, allowing the spine to rest in its most natural position, Dux says. The optional pads can be customized so two people can select separate support zones for torso, shoulders and legs. 866-389-4262 (*www.duxbed.com*)

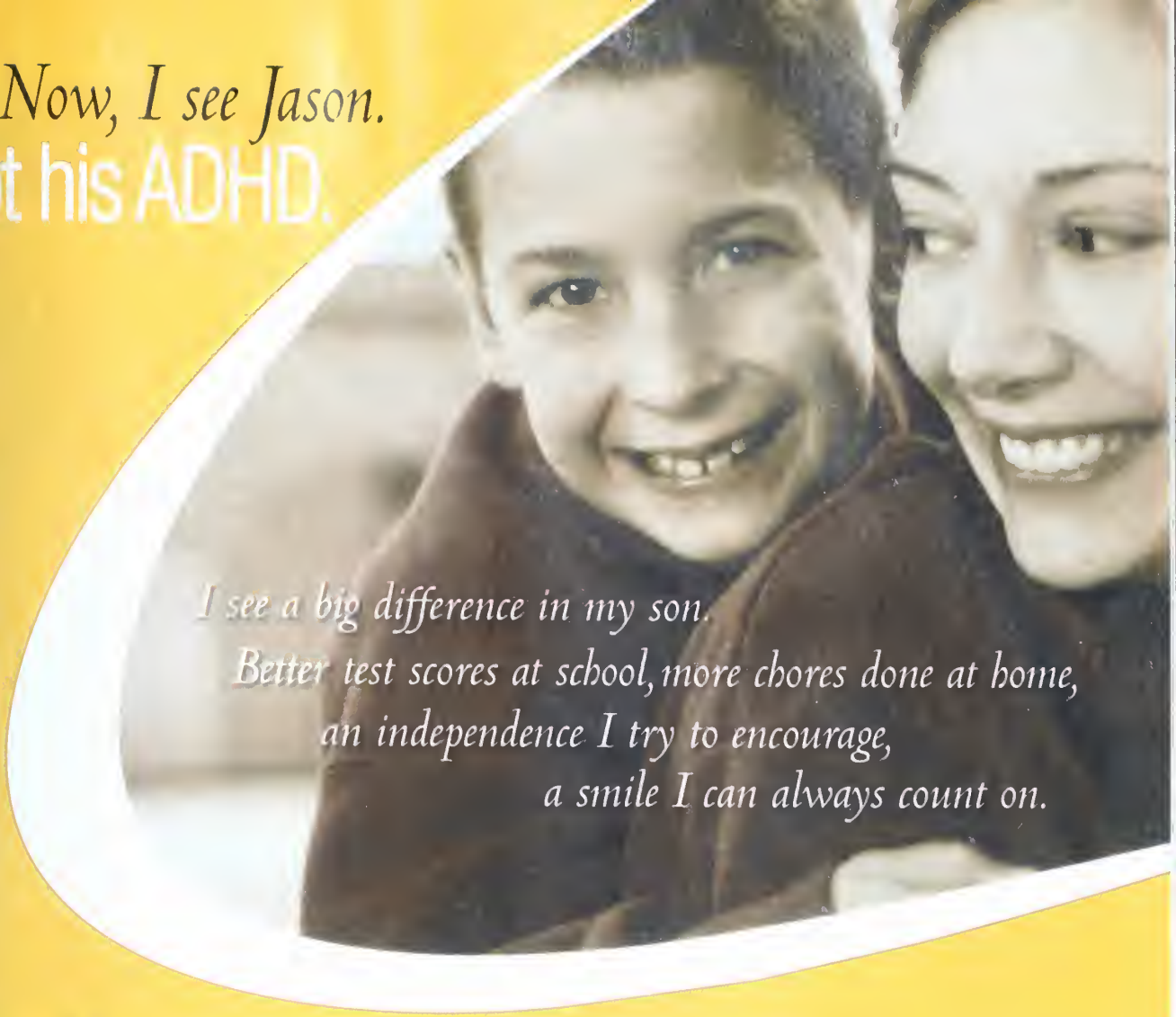
Ultimate Luxury

Brand: Hypnos
Price: $8,000 to $10,000
The claim: If you're looking to indulge your inner princess, there's always the choice of the Queen of England. The handcrafted Hypnos features 2,000 springs, while layers of wool, silk, cashmere and cotton create an incredibly soft and breathable surface, the manufacturer says, guaranteeing a deeply comfortable sleep. 800-628-8737 (*www.mattress.com*)

—Stephanie Emma Pfeffer

** For a queen-size mattress*

Now, I see Jason.
ot his ADHD.





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to your doctor for a proper diagnosis and treatment of ADHD. Only a doctor can decide whether medication is right for you or your child. CONCERTA uld not be taken by patients with: significant anxiety, tension or agitation; allergies to methylphenidate or other ingredients in CONCERTA; glaucoma; rette's syndrome, tics or family history of Tourette's syndrome; current/recent use of monoamine oxidase inhibitors (MAOI). CONCERTA should not taken by children under 6 years of age. Abuse of methylphenidate may lead to dependence. Tell your healthcare professional if your child has had blems with alcohol or drugs. In the clinical studies with patients using CONCERTA, the most common side effects were headache, stomach pain, eplessness and decreased appetite. **Please see important product information on adjacent page.**



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INFORMATION FOR PATIENTS TAKING CONCERTA® OR THEIR PARENTS OR CAREGIVERS

CONCERTA®
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Extended-release Tablets

This information is for [illegible] CONCERTA® Extended-release Tablets. [illegible] of Attention Deficit Hyperactivity Disorder.

Please read this before you start taking CONCERTA®. Remember, this information does not take the place of your doctor's instructions. If you have questions about this information or about CONCERTA®, ask your doctor or pharmacist.

What is CONCERTA®?

CONCERTA® is a once-a-day prescription for Attention Deficit Hyperactivity Disorder (ADHD). CONCERTA® contains the drug methylphenidate, a central nervous system stimulant that has been used to treat ADHD for more than 30 years. CONCERTA® is swallowed each day in the morning.

What is Attention Deficit Hyperactivity Disorder?

ADHD has three main types of symptoms: inattention, hyperactivity, and impulsiveness. Symptoms of inattention may include not paying attention, making careless mistakes, not listening, not finishing tasks, not following directions, and being easily distracted. Symptoms of hyperactivity and impulsiveness include fidgeting, talking excessively, running around at inappropriate times, and interrupting others. Some patients have more symptoms of hyperactivity and impulsiveness while others have more symptoms of inattentiveness. Some patients have all three types of symptoms.

Many people have symptoms like these from time to time, but patients with ADHD have these symptoms more than others their age. Symptoms must be present for at least 6 months to be certain of the diagnosis.

How does CONCERTA® work?

Part of the CONCERTA® tablet dissolves right after you swallow it in the morning, giving you an initial dose of methylphenidate. The remaining drug is slowly released during the day to continue to help lessen the symptoms of ADHD. Methylphenidate, the active ingredient in CONCERTA®, helps increase attention and decrease impulsiveness and hyperactivity in patients with ADHD.

Who should NOT take CONCERTA®?

You should NOT take CONCERTA® if:

- You have significant anxiety, tension, or agitation, since CONCERTA® may make these conditions worse.
- You are allergic to methylphenidate or any of the other ingredients in CONCERTA®.
- You have glaucoma (an eye disease).
- You have tics or Tourette's syndrome or a family history of Tourette's syndrome.

Talk to your doctor if you believe any of these conditions apply to you.

How should I take CONCERTA®?

Do not chew, crush, or divide the tablets. Swallow CONCERTA® tablets whole with the help of water or other liquids such as milk or juice.

Take CONCERTA® once a day, in the morning.

You may take CONCERTA® with or without food.

Take the dose prescribed by your doctor. Your doctor will adjust the amount of drug you take each day to find the dose that is best for you. Do not change your dose without talking to your doctor.

What are the possible side effects of CONCERTA®?

In the clinical trials of CONCERTA®, the most common side effects were stomach pain, headache, decreased appetite, and nausea. Other side effects seen with most prescription medicines for ADHD, including CONCERTA®, were dizziness, nervousness, insomnia, rash, fever, vomiting, joint pain, and drowsiness.

This is not a complete list of side effects. Ask your doctor about other side effects. Call your doctor if you have any side effects that bother you. Always talk to your doctor before stopping medication.

What must I discuss with my doctor before taking CONCERTA®?

Talk to your doctor *before* taking CONCERTA® if you:

- Are being treated for depression or any other mental illness such as feeling sad, worthless, and hopelessness.
- Have motor tics (e.g., uncontrolled movements of any parts of your body) or a history of repeating or saying words or sounds.
- Have [illegible] or Tourette's syndrome.
- Have abnormal [illegible] sounds or [illegible].
- Have had a [illegible] to a [illegible].
- Have high blood pressure.
- Have a narrowing or blockage of your gastrointestinal tract (food esophagus, stomach, or small or large intestine).

Tell your doctor *immediately* if you develop any of the above conditions or symptoms while taking CONCERTA®.

Can I take CONCERTA® with other medicines?

Tell your doctor about *all* medicines you are taking. Your doctor should decide whether you can take CONCERTA® with other medicines. These include:

- Other medicines that a doctor has prescribed.
- Medicines that you buy yourself without a prescription.
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SPECIAL REPORT

regular basis," says Carl [illegible] Hunt, M.D., director of the [illegible] tional Center on Sleep Disor[illegible] Research of the National Hea[illegible] Lung and Blood Institute [illegible] Bethesda, Maryland. "Slee[illegible] just as important to our ove[illegible] health and happiness as exer[illegible] and a nutritious diet."

WIRED AND WIDE AWAKE

Women seem to have a hard[illegible] time than men getting a goo[illegible] night's rest. In fact, almost tw[illegible] thirds of women suffer from [illegible] somnia, according to [illegible] National Sleep Foundation[illegible] whether their trouble lies in [illegible] being able to fall sleep, waki[illegible] up several times during t[illegible] night, or rousing early and [illegible] ing unable to fall back to slee[illegible] Part of the reason is ta[illegible] women suffer more from stre[illegible] related conditions that preve[illegible] sleep, such as migraines an[illegible] tension headaches. As we e[illegible] older, our bodies' chemical ba[illegible] ance subtly shifts, too: We pr[illegible] duce less estrogen, whi[illegible] normally lengthens the duratio[illegible] of restorative slow-wave an[illegible] REM sleep. Levels of proge[illegible] terone, a hormone that helps[illegible] fall asleep and stay asle[illegible] through the night, also dr[illegible] according to Joyce A. Wa[illegible] leben, Ph.D., former director [illegible] the Sleep Disorders Center [illegible] New York University School [illegible] Medicine, in New York Ci[illegible] "Women also tend to rumina[illegible] more than men," she says. "T[illegible] of these factors contribute t[illegible] not getting enough sleep."

Even if we do manage to fall asleep when our heads hit the pillow, stress can prevent rest from being sufficiently restorative to make us feel refreshed and alert. Normally, levels of the stress hormone cortisol fluctuate throughout the day, rising in the early-morning hours to rouse us from our slumbers and steadily increasing throughout the late morning and early afternoon before slowly dropping in the evening as our day winds down. But when we're stressed-out, cortisol levels remain high, says Dr. Hunt. The extra surge of cortisol—that second wind that helps us power through our chores at home after a long workday—disturbs our natural sleep cycle and prevents us from achieving the deep slow-wave sleep the body needs in order to be replenished. As a consequence, we wake up feeling like zombies, and the cycle starts all over again.

Many women have so many responsibilities that they sacrifice sleep to fit in all their daily tasks. For example, Sue Watts, a 45-year-old mother of two from Deep River, Connecticut, works part-time as a landscape architect. She leaves for work by 6:15 A.M. on Mondays and works 12 to 14 hours that day. The rest of the week she works mostly at night, sometimes till 1 A.M. This schedule frees up her days so she can pitch in with the reading groups at her daughter's second grade class, ferry her kids to ballet, horseback riding lessons and soccer, and do household chores. But she's lucky if she gets five to six hours of sleep a night. "I run on CONTINUED

Do You Need a Nap?

If you remember "nap time" fondly from kindergarten, there's a good reason. Between 2 P.M. and 4 P.M., your body naturally experiences a small dip in temperature, signaling the brain to produce the sleep-inducing hormone melatonin, says Michael Breus, Ph.D., co-founder of soundsleepsolutions.com. While a well-rested person can easily fight this midday tug, a tired person might need to lie down. And that's okay. "Naps are good for the busy, stressed-out person who is not sleeping well at night," says James B. Maas, Ph.D., a psychologist at Cornell University, in Ithaca, New York, and the author of *Power Sleep*. "If you're sleep deprived, a 20-minute nap will alleviate stress and help keep your brain sharp." Not everyone's work or life schedule allows for this luxury, but if yours does, resist the urge to snooze for more than 20 minutes. Any longer than that and your body will fall into the deeper stages of sleep, and you'll risk waking up tired and groggy. Just remember: While a nap can keep you alert, it's no substitute for a good night's sleep. To feel fully rested, you have to change your habits permanently. *SEP*

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too little sleep most of the time," says Watts, who attends aerobics classes five times a week for "their energizing boost." While her routine is admittedly draining, "being tired all the time is a small price to pay," she says. "I have all these things I want to do, and I can't see wasting time sleeping."

But shorting oneself of sleep is self-defeating, say experts, even for high-octane types like Watts. When we're tired, we're not as efficient. "The irony," says Dr. Hunt, "is that we can get just as much done—or perhaps even more—when we're feeling refreshed and alert."

The Health Hazards of Sleepiness

The mental toll of skimping on slumber can be serious. A 2002 survey by the National Sleep Foundation found that more than nine out of 10 people said that not get

The New Generation of Sleeping Pills

When all else fails, sleeping pills can help you get some rest. Eight prescription drugs are currently approved as sleep aids, and two more are scheduled to make their debuts within the next year.

The newest sleeping pills, Ambien and Sonata, are among the most widely prescribed. Ambien has two-thirds of the sleep-medication market, with sales of $1.3 billion in 2003. Sonata has sales of about $120 million. Many doctors consider these pills safer and less addictive than older medications such as Restoril. Also because they clear out of the body faster, they don't have as many of the earlier drugs' side effects, such as memory problems. Still, both of these drugs can last four hours or more, so they aren't the best option for insomnia sufferers who wake up too early and can't fall back to sleep.

Like Restoril and Valium, the older prescription sleep aids are benzodiazepines. Sold under brand names Dalmane, Doral and Halcion, they are not prescribed for sleep problems frequently as they once were. They are long acting, so users can experience residual hangovers the next day. All sleep aids can be addictive, and people may experience rebound insomnia when they stop taking them. A handful of users have even suffered from amnesia, anxiety, mood swings and hallucinations.

Coming Soon

Two new sleep medications are slated to hit the market soon. Estorra and Indiplon, which are chemical cousins of Sonata and Ambien, promise not only to help the sleep deprived get to sleep, stay asleep for a full six hours—longer than Sonata—and wake up feeling alert, but they may be used for a month or longer without becoming less effective. Though Sonata is the only sleep aid approved by the

nough sleep can erode their per ormance at work and increase the isk of injuries. Nearly two-thirds elt that lack of sleep can muddle heir thinking, rendering it more lifficult for them to make decisions nd listen carefully, and making hem more prone to mistakes and o flying off the handle when faced with routine annoyances. Even their mental outlook was dampened: short sleepers were nearly three times as likely to feel angry as were those who got plenty of shut eye.

Serious sleep deprivation can also cause uncontrollable sleep attacks—dozing off for three or four seconds without even feeling the "microsleep" coming on, according to Hans Van Dongen, Ph.D., a sleep researcher at the Pennsylvania University School of Medicine, in Philadelphia. "You will wake up almost immediately, which isn't such a CONTINUED

FDA to be taken in the middle of the night, it may cause some next-day grogginess. A shorter-acting version of Indiplon, which is currently being tested, might help those who wake up in the middle of the night get back to sleep without residual effects the next day.

Still, these drugs are so powerful that some sleep experts are concerned lest people start popping them for more than a week or two. They may trigger unforeseen complications or mask symptoms of more serious, underlying disorders. "It's okay to use a medication for a short time to break the cycle of insomnia or when you're going through stressful events, such as a job loss or divorce," says Jean K. Matheson, M.D., a neurologist and medical director of the Sleep Disorders Center at Beth Israel Deaconess Medical Center, in Boston. "But it's never appropriate to take drugs until other possible medical conditions have been ruled out by your doctor."

When You Want to Stay Awake

Tired but have to stay awake? A new drug, Modafinil, sold under the brand name Provigil (short for "*pro*motes *vigil*ance"), has been touted as "a nap in a pill" that can keep you alert without the twitchy side effects and potential for addiction of traditional stimulants. Originally used to help narcoleptics stay awake, the FDA approved Provigil earlier this year to relieve sleepiness among sufferers of sleep apnea and for night shift workers who feel exhausted. But many prescriptions are used "off label" such as by college students or overachievers cramming more into their days. Still, Provigil is not a substitute for sleep, say experts. And, at a cost of $4 to $10 a pill, it may be no better at keeping you awake than the most popular stimulant in America: caffeine.



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problem if you're at home or sitting at your desk," he says. "But if you're behind the wheel, it can be deadly." Sleep experts feel this is as important to be aware of as not driving drunk, a comparison that a 2000 Australian study bears out. Researchers looked at people who were awake for up to 20 hours straight and found that some scored worse on tests of their reaction time than those with a blood alcohol concentration of 0.1 percent, which is considered legally drunk in every U.S. state. And like drunk drivers, the sleep deprived are a real on-the-road menace. Each year they're responsible for more than 56,000 car crashes, resulting in 40,000 injuries and 1,550 fatalities, according to the National Highway Traffic Safety Administration. Indeed, 12 percent of women admit to having dozed off at the wheel, according to a 2002 National Sleep Foundation survey.

Lack of sleep can be hazardous in other ways, too. It may throw off the body's production of cytokines, immune molecules that help you fight infections, says Dr. Walsleben. And white blood cells called natural killer cells, which attack tumors and viruses, have been found to decrease with sleep deprivation, says Jean K. Matheson, M.D., a neurologist and medical director of the Sleep Disorders Center at Beth Israel Deaconess Medical Center, in Boston.

Moreover, a 2003 Harvard study showed that women who slept for five hours or less a night were 45 percent more likely to develop heart disease than women who slept eight hours. One reason too little sleep may tax the heart, doctors believe, is by spiking levels of the stress hormone cortisol, which can elevate blood pressure.

Severe sleep deprivation may even set you up for diabetes and becoming overweight, according to a 1999 University of Chicago study. During the 16-day experiment, 11 healthy young men were in bed eight hours per night at first, then four hours the second week and 12 hours the third week. In the week they were sleep deprived, their sympathetic nervous systems became more active, which prevented their pancreases from producing enough insulin, the hormone the body requires to turn sugar into fuel.

In other words, too little sleep for just one week put the test subjects into a prediabetic state. Researchers also noticed that volunteers experienced a 20-percent drop in leptin, a hormone that signals feelings of fullness. This drop can trigger cravings for fat and complex carbs, which may contribute to weight gain. "We still don't know for sure," says Dr. Walsleben, "but lack of sleep may be a risk factor for insulin resistance, which can lead to diabetes, high blood pressure and obesity."

The best way to stave off these risks is by making changes to be sure that you get enough shut-eye. "We need to make sleep a priority," says Dr. Hunt. "As we ratchet down from seven to six to five hours of sleep a night, studies consistently show that we're paying a heavy price." And while occasional bouts of insomnia are normal, if sleep problems persist for more than a month, say experts, you should see your doctor for help.

Next month: How stress takes a toll on your sex life

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A Soldier's Best Friend

Helen Greiner has been robot smitten since *Star Wars*. Now her high-tech inventions find and defuse bombs

BY MONICA COLLINS

"Whenever I hear about a soldier killed by a bomb in Iraq, I think, Why didn't he have a robot with him?" says Greiner

In the fall of 2002, the U.S. Army flew its first five robots into Iraq. Called "PackBots," they were rugged, 40-pound remote-controlled machines designed to search for bombs in dangerous areas. At first, some of the ground commanders balked at using PackBots, according to their creator, Helen Greiner. "The Army said they didn't need the robots because they had trained soldiers to find the bombs," says Greiner, 36, chairman and cofounder of iRobot. "Then they had what I call the 'Mouth of the Cave Epiphany.' Soldiers saw that they would have to go into caves that might be booby-trapped. Then they realized how valuable the PackBots were."

Indeed. As of last July, there were 50 PackBots in Iraq, finding bombs in caves and other inaccessible places. The military won't allow Greiner to share numbers, but she says, "We've saved many lives. I'm proud of what the robots have been able to do."

Equipped with wide-angle, zoom and infrared cameras, the PackBots serve as the eyes and ears of soldiers. There are two kinds: the ones that only search and the ones that both search and defuse. The latter, the more sophisticated PackBot EOD (Explosive Ordnance Disposal), also shoots a high-speed slug of water at the bombs, knocking out the targets' electronic triggers, without the robots themselves being blown up. (So far, only one has been destroyed.)

The highest of high tech was always Greiner's calling. Growing up on Long Island, New York, she belonged to both the math and science clubs and worshipped *Star Wars*' R2-D2. By the time she'd earned her degree at the Massachusetts Institute of Technology, she knew she wanted to make robotics her career, and she cofounded iRobot, based in Burlington, Massachusetts, in 1990, when she was 22. By 1995, the company had created a mobile robot that could explore flat terrain; when Greiner met with the U.S. military in 1999, she received a $500,000 grant to develop a robot that could find bombs.

While U.S. Army contracts currently make up a significant portion of iRobot's budget, the company is most famous for a distinctly nonmilitary machine: the Roomba, a robotic vacuum cleaner. "Over the last 12 years, whenever I've told people what kind of company I run, I inevitably get the question, 'When can I get a robot to clean my house?'" Greiner says. She proudly admits that a Roomba cleans her own floors, though she is not home much—Greiner, who is single, travels a great deal.

Being back at the designing table with her employees is always a welcome treat, though. "The people who work here were sci-fi fans growing up," Greiner says. "We're all geeks—and we're very passionate and proud of what we do."

–Additional reporting by Victoria Balfour

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"Lauren never had a moment's doubt" that Ali could be helped, says her mom

The Boy America Saved

When a young Iraqi lost his hand in an explosion, it took the will and innocence of a little girl to cut through the red tape to help him BY JENNIFER HAUPT

Want to accomplish the impossible? Get a 7-year-old on your team. That's a lesson that Christina Frank, a 42-year-old mom of two from Manassas, Virginia, recently learned from her own daughter.

A few days after Christmas last year, Frank was tidying up her kids' new toys when her 7-year-old daughter, Lauren, complained that she was "bored." Frank had just read a newspaper story about an Iraqi boy, Ali Ameer, who'd lost his hand in a land mine explosion, so she launched into a standard lecture about how lucky Lauren was to have a nice home and new toys when there were so many deprived children around the world, like Ali. "Lauren was curious, so I explained to her that Ali's country lacked the medical resources to fit him with an artificial limb," says Frank. "Suddenly, her eyes lit up and she said, 'Let's help Ali!' "

Frank didn't have the heart to tell Lauren that the organization profiled in the article, The Global Medical Relief Fund (GMRF), had been trying to do just that for the past eight months and had hit one bureaucratic wall after another. "I hated to say, 'Sorry, Sweetie, we can't help this child,' " she says. "Then I started thinking, What if, somehow, we *could* help?" Frank decided to phone Elissa Montanti, GMRF's founder and chairwoman.

Montanti, whose organization is based in Staten Island, New York, recounted how she had found Ali in Al-Tahreer Hospital, in Basra, a musty, understaffed and undersupplied place where hundreds of injured children were crammed into tiny rooms in sweltering heat. The 13-year-old had lost his hand while guarding his father's pushcart. A shiny object caught his eye, and he picked up what turned out to be a land mine.

Montanti told Frank how she, a part-time lab assistant with no money and no particular connections, had founded GMRF (*www.globmed.org*) in 1997 with the vow to save "one child at a time." Although the organization had arranged treatment for Bosnian children in need of prosthetic limbs, bringing an Iraqi child to the U.S. was rife with obstacles. "Until the transfer of power in June," Montanti says, "there was no government in Iraq to issue a passport and visa." The American side presented similar hurdles: The U.S. Embassy in Kuwait refused to issue travel visas for Ali and his chaperone, his aunt, Narjis Ameer.

Frank instantly volun- CONTINUED

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teered her own inside the Beltway know how—acquired through her job as director of the Department of Criminal Justice Services, a county agency in Virginia—to help with red tape. But U.S. officials remained intractable. Meanwhile, Ali's relatives sent daily e-mails to GMRF: "You're his only hope," they pleaded. "Please help this boy."

As Frank worked her contacts, daughter Lauren enlisted her own. She organized her second-grade classmates to write letters to Ali and collect toys for the other children at Al-Tahreer. "I wanted Ali and all the Iraqi kids to know how much American kids care about them," says Lauren. "My whole class and my Brownie troop wanted to help."

"I was so worried we might let Ali down," says Frank. "It was Lauren's spirit that kept me going. She never had a moment's doubt."

In April, Frank showed the second-graders' letters to her congressman, U.S. Rep. Frank Wolf. Moved by the kids' heartfelt words, Wolf pushed through a humanitarian parole application with the U.S. Department of Homeland Security. Three months later, on June 3, 2004, Montanti and Frank stood on the Kuwait/Iraq border. "We waited for three hours in 120-degree heat, while three sets of border guards examined our documents," says Frank, who remained skeptical that Ali would actually be allowed to leave. The boy and his aunt arrived by ambulance (the safest mode of travel through Iraq); when they finally walked through the gate, Ali grinned ear to ear. "I knew then that everything would be okay," says Frank.

During the 14-hour flight to the U.S., Ali repeatedly asked when he would meet Lauren. As soon as he got to the Franks' house, "Ali, Lauren and Alex, my 5-year-old son, began laughing, running and playing air-hockey," says Frank. "There was no language barrier at all."

Three days later, as Ali prepared to leave for Philadelphia's Shriners Hospital (which provides free prosthetic limbs, surgery and rehabilitation for needy children), he and Lauren exchanged photos. Ali put her picture in his shirt pocket, then patted his heart. The next day, as he waited in the hospital to be fitted for his new hand, Ali pulled out the photo and kissed it.

The procedure went beautifully. "Ali's state-of-the-art electric prosthesis senses muscle impulses that open and close his hand," says surgeon Scott Kozin, M.D. "After a few weeks of physical therapy, he'll be able to write, pick up things and hold a cup." His first act when he got home, Ali told Dr. Kozin, would be to shake his beloved grandmother's hand with his new hand.

Ali flew back to Basra in July, but he'll return to the U.S. once a year until he's 21 to be refitted with new prostheses as he grows. The long struggle to get him here has paid off in other ways, too: His status as one of the first Iraqi children allowed into the U.S. for medical treatment has opened doors for other children who have lost limbs in land mine accidents. At press time, GMRF was arranging prostheses for two more children, Dalal Salem, 5, and Mohammed Fares, 7.

In the meantime, Lauren continues to write to Ali and is making plans for this year's toy drive and Dalal and Mohammed's visits. "Every night as I tuck Lauren in, we talk about our next step," says Frank, who now serves on GMRF's Board of Directors. "I'm still amazed that the faith and persistence of one little girl brought about such a profound change in all our lives."



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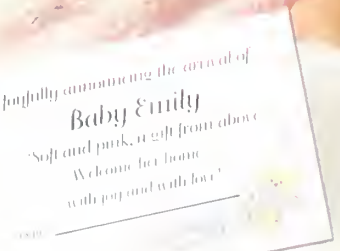
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The Families Left Behind

When soldiers ship out, their loved ones bear the special burden of waiting and worrying. Elaine Dumler shares a formula for hope and coping BY SARA LEWIS



"Hearing these families' experiences was truly humbling," says Dumler, right, with military wife Cindy Bruschwein

When Karen Kelly, 51, arrived at Sharky's Officers' Club on Marine Corps Base Camp Pendleton, near Oceanside, California, she needed to lift her spirits. Her husband and younger son were fighting in Iraq, and her oldest son awaited deployment. "These past two years have been the hardest of my life," she says.

Along with 100 other Marine spouses, Kelly came to the officers' club to gather inspiration from Elaine Dumler. Though not a military wife or a professional counselor, Dumler, 51, knows a fair amount about separation and she's sharing this knowledge in a book of simple yet powerful activities to help families cope while their loved ones are in Iraq.

I'm Already Home, which Dumler self-published last year, is a grassroots success story, with about 14,000 copies sold as of July. It is also a welcome tonic for families missing their loved ones—52 percent of all military-service people are married and 44 percent have children.

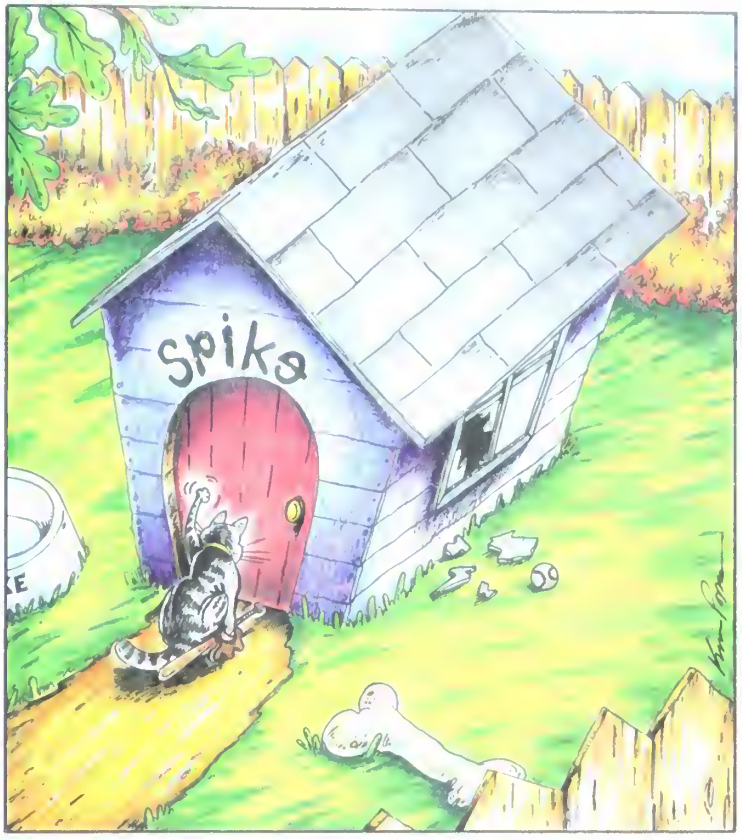
Dumler, stepmother to two boys and mom to a third, spends much time away for business travel, but she's devised ways to keep her family feeling close despite the distance. When she first sat down to write a book in 2002, Dumler focused on separations due to work, illness and shared child custody. But her friend Air Force veteran Laura Benjamin urged her to expand a section on military families. Convinced that war was imminent, Benjamin said, "I think the country is going to need it."

Dumler followed Benjamin's advice and refocused the entire book. She talked to more than 400 military families and became a sounding board for spouses eager to share issues as well as suggest solutions. *I'm Already Home* offers advice for the weeks leading up to deployment, during the separation and after the return. The suggestions range from selecting a specific time of day when all the family members think of one another, to tracing the hands of both a child and a deployed parent and exchanging them, so they can "hold hands" while the parent is away. Victoria Carlborg, whose husband, Bob, served in Afghanistan, appreciated Dumler's idea of dabbing a stuffed animal with an absent spouse's aftershave or perfume and encouraging a child to hold the toy close in lieu of the faraway parent.

According to Rebekah Duda, deputy branch manager for Marine Corps Family Team Building, these little ideas have been a big help. "The military provides counseling for those seriously struggling with fear and worry," she says. Just as important that day at Camp Pendleton was the chance for Marine spouses to hear Dumler's upbeat message. "These are challenging times," Duda says. "She puts a smile on them."

To order I'm Already Home: Keeping Your Family Close While You're on TDY, *$11.95, call 866-780-0460.*

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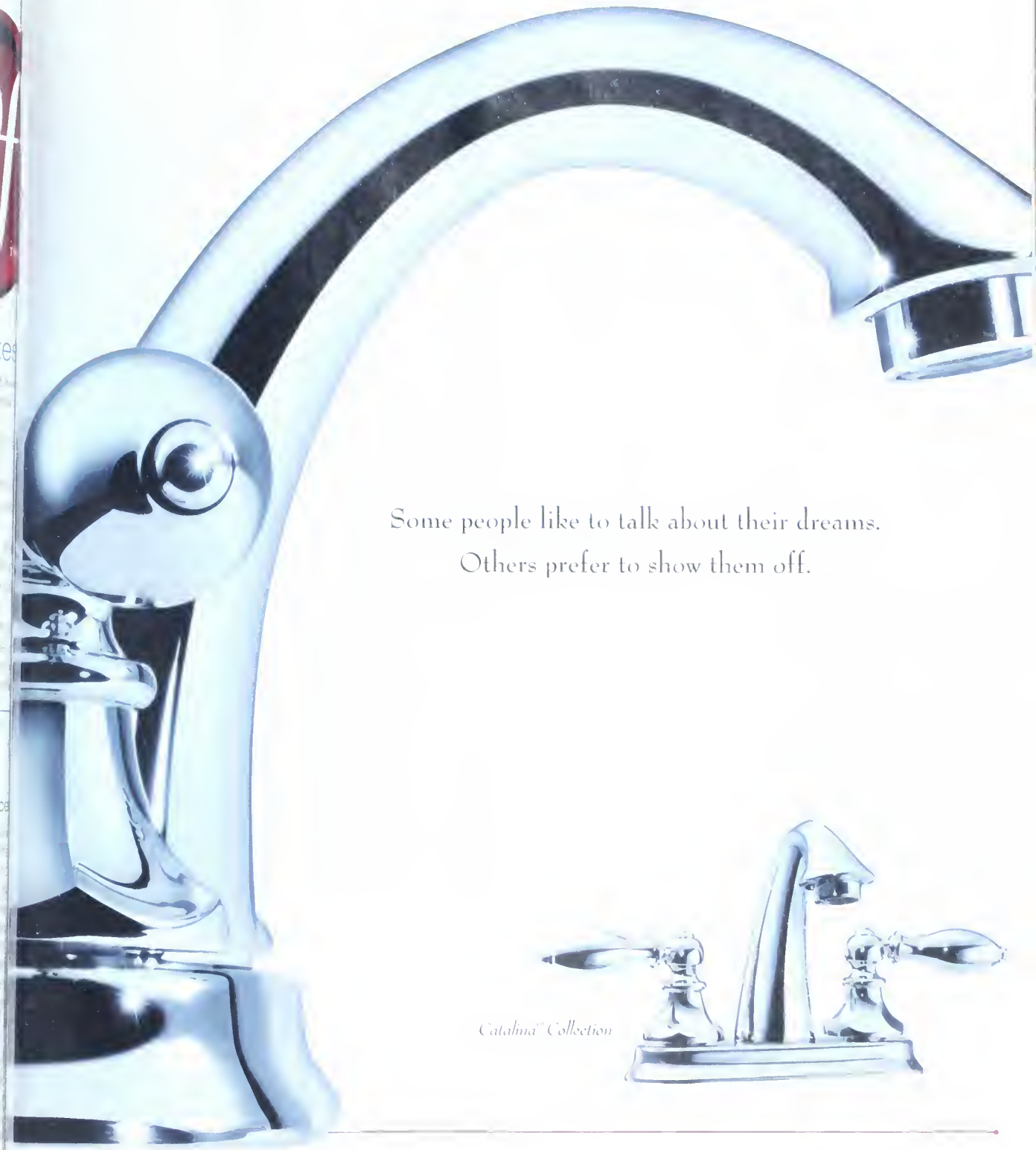






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GE Profile

imagination at work



The Best Seat in the House

Encourage your family to spend time together with these imaginative, flexible and cozy seating configurations

Smartly constructed on wheels, the four parts of this two-colored sectional ottoman can be pushed together to work as an everyday coffee table or easily split up and moved around the room for extra seating whenever needed. Small-scale, barrel-backed chairs are the perfect accompaniment

It has been said that a house that does not have one warm, comfy chair in it is soulless. Most homeowners have discovered this fact on their own: Witness the way families tend to spend relaxing downtime together on the cushioned sofas and overstuffed armchairs in the typical family room. But the standard seating formula—one sofa, two matching or complementary armchairs, and a coffee table in the middle—is not necessarily the best way to create intimacy or accommodate your family's interests and needs. What if your kids are young, and you need a cozier, more casual setup for snuggling while reading bedtime stories or watching videos? What if you have teenagers who enjoy entertaining large groups of friends at one time?

CONTINUED

Even if your family room doubles as your main formal entertaining space, with a little imagination and a willingness to think outside the box, it's easy to create seating arrangements that don't fall back on clichés. Start by considering how your family really uses the room, and let your final decisions follow those needs. Fortunately, it's becoming easier and easier these days to find furniture that will work for any space, no matter how big or small. Manufacturers have caught on to the ever-growing, diverse needs of the modern family, so there are plenty of seating options on the market from which to choose.

When arranging your seating area, here are a few tips: Keep chairs and sofas relatively close together—no more than about six feet apart—to encourage conversation, but not so close as to block the flow of traffic. Group your seating area around a natural focal point in the room, such as a fireplace or an entertainment center. Even if your room is not overly spacious, that doesn't mean you can't pro plenty of seating—you may just have to pass on tradit upholstery offerings in favor of smaller-scale pieces, fle sectionals or sofas with a chaise at one end for an addi al lounging spot.

What's most important to remember, though, is tha not the size of your family room that matters, it's w you choose to do with the space you have—because you and your family, just one cozy spot in your home make all the difference.


1

1 If you're blessed with a spacious family room, by all means, take advantage of it. Here, back-to-back matching sofas provide separate but visually unified seating areas, with a sofa table connecting the two. **2** The cathedral ceiling and dramatic stone fireplace of this living room beg for a stand-out seating arrangement. Replacing the usual sofa with an overstuffed armchair in each of the four corners anchors the room while keeping it airy—and ensuring that no one will be left out of the conversation. **3** When space is tight, a rounded sofa may be just the answer. Placed on a diagonal in the corner of a modestly sized room, this curved love seat and matching chair look cozy, not cramped.


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Pretty As a Pumpkin

Let harvest's bounty bring beauty to your table with these easy-to-make seasonal centerpieces

How to Make It

Supplies: Medium-size pumpkin, sharp knife, large spoon for scooping, round stickers, electric drill (with various-size bits)
Step 1: With a sharp knife, carve a small hole around the stem, beveling the cut with the narrower diameter toward the inside, and set the top aside. Scoop out the pumpkin seeds and flesh. **Step 2:** Create a pattern with several sizes of round stickers (available at office-supply stores) until you come up with a configuration you like—we chose simple vertical rows, small diamonds and linked triangle patterns. **Step 3:** When you're satisfied with your pattern, use the drill to bore the holes (remove the marker stickers as you go). Using different-size drill bits will vary the size of the holes for a more decorative effect—we used a cordless variable-speed drill with bits ranging from 5/16 inch to 1/2 inch. For the largest-size hole we used a 7/8-inch wood auger bit (wider and longer than the standard bit), available wherever drills are sold. **Step 4:** Place a 3-inch pillar candle, or several votive candles, in the pumpkin, and replace the top.

CONTINUED



How to Make It

Supplies: Medium-size pumpkin, sharp knife, marker, 6-inch pillar candle, sprigs of bittersweet or other vine and dried leaves. **Step 1:** Snap or cut the stem off the top of the pumpkin. Placing the bottom end of the pillar candle on the top of the pumpkin, tightly trace the perimeter of the candle's bottom with a marker. **Step 2:** Using a sharp knife, cut vertically along the traced outline (the top can then be discarded). **Step 3:** Wedge the candle securely inside. Tuck in a few leaves and sprigs of vine around the base of the candle to add a touch of whimsy. CONTINUED

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How to Make It

Supplies: Medium-size pumpkin, sharp knife, large spoon for scooping, metal soup can (or similar-size can), various stems of your favorite flowers **Step 1:** Carve a hole a bit bigger in diameter than the metal can in the top of the pumpkin with a sharp knife and discard the top. Scoop out the pumpkin seeds and flesh with a large spoon. **Step 2:** Place can filled with water inside the hollow pumpkin and then arrange the flowers. For our colorful autumn bouquet, we mixed together apricot roses, cockscomb, hypericum berries, seeded eucalypti and bittersweet.

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"I Never Dreamed We Could Have So Much"









(Clockwise from top left) Bobby's vegetable garden; the Ogle family: (from left) Bobby, Nathan, Eric Martin, Judy and Amanda; Bobby and Judy in front of their new home; son Nathan playing football

Judy and Bobby Ogle were both born into very large, loving families that were profoundly poor. Then Habitat helped them break out of the cycle of despair

BY ANNE CASSIDY

The Mother's Day cards just kept coming, all addressed to Judy Ogle, new Habitat homeowner. Some contained prayers, others small gifts, including a hand-crocheted afghan. When Judy received these cards in May 2002, at the joyous groundbreaking of her family's new three-bedroom house, in Madisonville, Tennessee, she couldn't believe it. "They meant so much," she says. The cards arrived because Judy, now 44, her husband, Bobby, 50, and their children, Amanda, 22, and Nathan, 19, who had all been living in a cramped trailer with no running water or central heat, were so needy that they were selected to be profiled in a Habitat fund-raising letter. Mother's Day cards were enclosed with each letter so donors could send them to Judy, and more than 3,000 people did. The Ogles' story was so touching that it also garnered Tennessee's Monroe County Habitat a $10,000 grant from Habitat International.

The Ogles had lived in a wooden shack before moving in 1989 to a secondhand, 12- by 65-foot trailer parked on a half-acre lot Bobby's father had given him. They hauled water inside from an outdoor faucet, and with no working bathroom or septic system, they took sponge baths or showered at Bobby's brother's house next door. Because all the heat came from a small, smoky woodstove in the kitchen, it could be 40 degrees inside on cold days. Yet "on a 100-degree day it might have been 110 inside," says Nathan. Bobby and Judy slept in one of the trailer's two tiny bedrooms, leaving Nathan and Amanda (a third child born in 1986 died of sudden infant death syndrome at 2 months) with the second bedroom and the living room, which was so cramped they could barely open the pullout sofa.

Still, the children grew up the way their parents had: with plenty of love—and little else. Judy was born and raised in Pontiac, Michigan, the sixth of seven children born to James and Edwina Laney, natives of North Carolina who had CONTINUED ON PAGE 162

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WOMEN BUILDING A FUTURE



When people work together great things can happen. Three dedicated volunteers with Habitat for Humanity talk about the rewards and challenges of building a house from the ground up.

What drives a woman to pick up a hammer and demolish the second floor of a house? For Katrina Sullivan, the catalyst was Habitat for Humanity, as it is for thousands of women across the country. While helping low-income families build homes of their own, volunteers like Katrina are becoming adept at everything from demolition to laying floor tile.

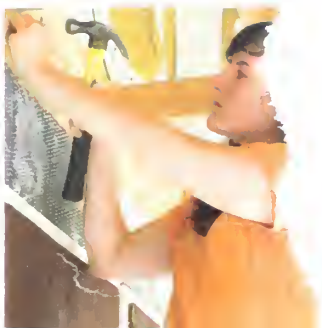


Using Constructive Energy

With no background in home building or remodeling, Jane Anderson dove right into her first Habitat project, doing tasks such as mixing concrete and hanging drywall. "It's back-breaking work but a lot of fun," she says. While some of the labor seemed scary at first, she was quickly reassured. Habitat's construction supervisors and crew leaders are adept at teaching volunteers.

Empowering Women

"Women don't always feel comfortable taking on the more technical jobs on a build," explains volunteer Kori Connelly. "And due to time constraints, men who already have the know-how tend to take them on." Habitat for Humanity's Women Build program is designed to engage women in construction and give them a chance to learn new skills. As Jane notes, Habitat for Humanity has always been about instilling confidence in women by giving them the opportunity to help build



house and make a better life for themselves and their families.

Building Relationships

All three women agree that one of the most rewarding aspects of building a Habitat house is working alongside the family who will live there. Habitat for Humanity's philosophy of giving "a hand up, not a hand out" means that the



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"There is a lot of camaraderie on the work site. You work with all kinds of different people and everyone acts as a team," explains Jane. A typical build brings together people from all walks of life and is the source of many new and long-lasting friendships.



Habitat building projects attract volunteers of all ages and abilities. "There will be a 20-year-old working next to a 60-year-old," says Kori. "And at the end of the day, everyone walks away feeling good about what they've done."

Muscling Through

There's no question that building a house is physically demanding. "I'm usually exhausted, but it's the good kind of exhaustion," says Jane. "The next day I feel it in every muscle I have." Still, the sense of accomplishment she feels far outweighs the bodily aches and pains. "Seeing a house built from start to finish is amazing," she adds, "and the seeing the family move in is the ultimate reward."

The benefits also extend beyond individual houses and families. As Kori puts it, "Habitat for Humanity improves entire neighborhoods and communities that were once destitute. Now they are desirable places to live."

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"I thought the world of him," Judy says of her husband, when they first met at church. "And so did my family"

traveled north to find work. James repaired railroad tracks for a living, and Edwina, who was blind, raised seven kids. Judy's four brothers slept in one bed, she and her two sisters in another—all in one room. After racial violence struck Judy's high school in her sophomore year, she left for Maryville, Tennessee, to look after her older married brother Eugene's three daughters. "But I wanted an education," Judy says. When her father found work on a 300-acre farm near Madisonville, her parents moved there in 1976 and her mother watched Eugene's kids while Judy went back to high school; she graduated in 1979. That September she met Bobby Ogle through his sister Joyce, who attended church with Judy's family. After a brief courtship, Bobby proposed to Judy on the phone and they married in October 1979.

Bobby was the 14th of 18 children born to Giles and Hettie Ogle; they all grew up on a hillside near Madisonville. Giles labored on public works projects and Hettie cared for the kids, three of whom did not survive to adulthood. The walls of their wooden shack were stuffed with planks and cardboard to keep out the cold, and the children slept on the floor in front of the fire to keep warm. After eighth grade, Bobby left school and began hauling hay and cutting tobacco to help his family.

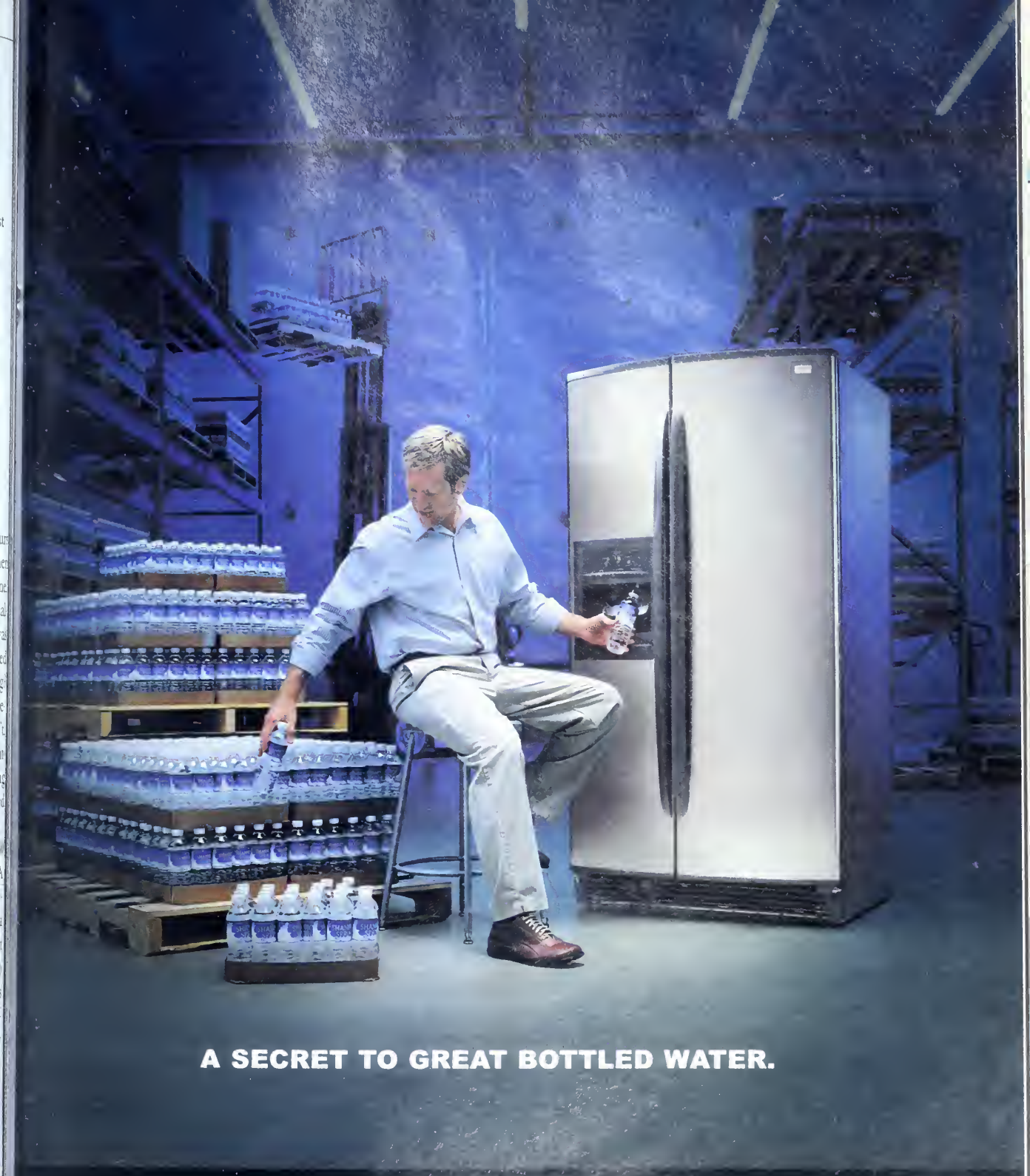
When the Ogles married, they moved into an apartment in Madisonville. Bobby worked for the highway department until 1980, then took on a succession of odd jobs. Judy cut tobacco, hauled hay and did other seasonal work to help support her new family, while their parents watched Amanda and Nathan. In 1988 she took a night course to become a nursing assistant. Her first job paid little more than minimum wage, but Judy stuck with it and now earns $9 an hour at Wood Presbyterian, a nursing home in nearby Sweetwater. "It's hard but rewarding," she says. "You've done something for somebody that they can't do for themselves."

Four years ago, after a tree fell on the trailer during an ice storm, Bobby pinched a nerve in his shoulder trying to remove it. That injury, along with several bouts of pneumonia and progressive hearing loss (he's now deaf in one ear and has partial hearing in the other), meant that Bobby could no longer work. To their dismay, the ramshackle trailer was beginning to look like a permanent home. The family might be living there still had their neighbor not complained that waste from the Ogles' house was polluting his water supply. A friend suggested they apply to Habitat for repairs, which was a shorter process than applying for a house. But when the committee members who select families for Monroe County Habitat saw the Ogles' plight, they encouraged them to apply for a brand-new house in 2001—something the family would never have done on their own.

The Ogles fulfilled the first 100 of the required 500 sweat-equity hours by working on another house. When building commenced on their home, Nathan and Bobby were at the site almost every day. "When the man was putting the heat pump in, I asked him, 'What's wrong with that thing? Where do you put the wood in?'" recalls Bobby. "And he said, 'You don't. It's electric.'" Amanda, who was attending Hiwassee College, working toward her nursing degree, carried blocks and mixed cement.

The Ogles closed with a $500 down payment in November 2002. A month after moving in, Amanda married Eric Martin, 27, who works at a plastics firm; the couple now live just a few miles away. Nathan, who also works at a plastics firm, helps his mother meet the $223 monthly mortgage (given his health, it's unlikely Bobby will return to work). "I'll never take our new house for granted. I can turn on the spigot, I can use the bathroom inside, and it's warm," Judy says. She's kept every one of the Mother's Day cards and still reads them. "They remind me that I have all these people who love me."

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WARNING: LOW-CARB DIETS CAN MAKE YOU FAT

Supermarkets are bursting with low-carb versions of products these days, from doughnuts and cereals to milk and beer. Even some wine makers are getting into the act, affixing low-carb labels to bottles. So should we load up our grocery carts with these items? Not so fast. Low-carb foods and beverages frequently aren't much lower in calories than their full-carb cousins. For example, three regular Entenmann's chocolate-chip cookies have 20 grams of carbs, 7 grams of fat and 140 calories while their carb-counting cousins have 9 grams "net carbs." 7 grams of fat and 130 calories. "The main reason people lose weight on low-carb diets is because they cut back on calories by eliminating a major food group," says Karmeen Kulkarni, R.D., president-elect, Health Care and Education, at the American Diabetes Association. If you indulge in too many of these new low-carb products, you're going to pack on the pounds. Says Kulkarni: "A calorie is still a calorie, no matter its source." —*Catherine Winters*

A Surprising Heart-Disease Solution

A combination of good old-fashioned exercise and the right medical treatment, including taking aspirin or statins, can ease pain and keep some patients with heart disease out of the operating room, say German researchers. People who have mild chest pain caused by angina, a narrowing of the heart's blood vessels usually caused by plaque, often undergo angioplasty in which a tiny, flexible tube is inserted into the artery to prop it open. But less-invasive methods may work just as well by strengthening the heart and keeping blood vessels limber and dilated. Says Tom Lee, M.D., a cardiologist at Brigham and Women's Hospital in Boston: "Exercise such as walking or pedaling a stationary bike 30 minutes a day, along with watching what you eat and keeping your cholesterol low, [niacin and statins] needed, helps stabilize plaque in the arteries and keeps it from growing and rupturing," which could save your life.

A Drink That Fights Cancer

Two new studies join a mounting body of evidence that calcium may help prevent colon cancer, according to the *Journal of the National Cancer Institute*. One found that people who drank more than one 8-ounce glass of milk a day reduced their risk of colorectal cancer by 15 percent compared with those who drank fewer than two glasses a week. Good news for the lactose intolerant: Another study showed that calcium supplements may reduce cancer risk, too. —*C.W.*

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The Breast Cancer Crisis

When it's time for your next mammogram, will you still be able to get one? A quiet catastrophe is brewing, with doctors leaving the field and imaging centers closing

Marty Peterson was 40 when she had her first mammogram, in 1998, and she was relieved that it was normal. Although she intended to have annual follow-ups, that first good test result, plus her relative youth, gave her a false sense of security. Besides, every time she tried to go get tested again, life seemed to get in the way. "When you call for a mammogram appointment, they give you a date three or four months away," she says. "By the time the appointment came up, there was always something more important in my busy, stressful life. So I kept canceling and rescheduling, and before I knew it, three years had passed."

In 2001, at age 43, she finally had some time off before a planned move to Rhode Island. "I decided to take care of all the things I hadn't had time for," she says. "On the to-do list was that nagging mammogram. Finally I would be able to check it off! I made an appointment for a couple of weeks before I was to start a new job. At that time, I was working out six times a week and I had lost 15 pounds. I actually said to someone, 'I've never been as healthy as I am right now.'"

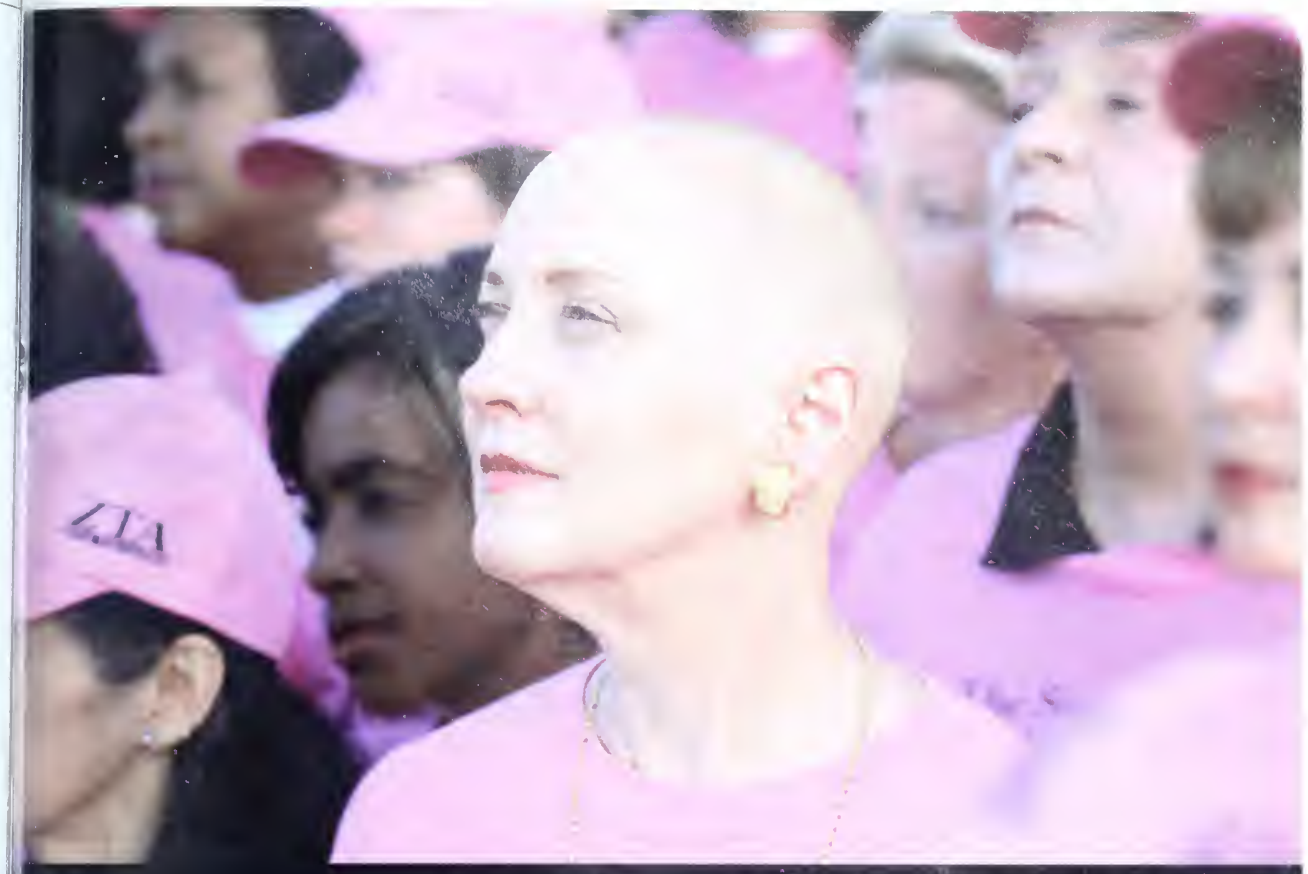
But, in fact, the mammogram revealed a suspicious mass in her left breast, which a biopsy then confirmed as cancer. Her tumor was aggressive and it had already spread to six lymph nodes. She had surgery to remove the tumor and underwent chemotherapy followed by radiation—almost a year of treatment. "In my wildest dreams I never thought I'd be someone who'd get breast cancer," says Peterson, now a television and radio actor. Although she had occasionally done breast self-exams, she says that she never found anything. "I saw my gynecologist regularly, and he never noted the lack of an updated mammogram report in my file," she says. "So once again, I let myself think that it was okay to put off the screening."

Today Peterson is an adamant believer. "Get the annual mammogram," she tells family members and friends. "I honestly believe it could have been caught earlier. I wouldn't have had to spend a year of my life going through what I did if I'd been more conscientious."

Mammography, a procedure in which the breast is compressed between a small platform and a plastic plate and exposed to CONTINUED

BY LESLIE LAURENCE

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low-dose X-rays to produce images of the breast's internal tissues, is billed as the linchpin in women's preventive care. Official guidelines call for annual mammograms beginning at age 40. But 18 million women, or almost 40 percent of U.S. women between the ages of 40 and 64, had not been screened in the past year, according to 2002 statistics. "Many women are dying because they're not getting mammograms," says Etta Pisano, M.D., chief of breast imaging at the University of North Carolina School of Medicine, in Chapel Hill. In fact, 200,000 women will be diagnosed with breast cancer in the U.S. this year, and close to 40,000 will die from it. Mammograms can detect the disease at earlier, more treatable stages and therefore can reduce a woman's chances of dying of breast cancer by about 35 percent.

As important as mammography is, however, it cannot, obviously, prevent you from getting cancer in the first place. Nor is it 100 percent accurate. Because the test misses as many as 17 percent of tumors, a "normal" read cannot guarantee that you don't have breast cancer. And although early diagnosis can improve your chances of survival, it can't guarantee that you won't die of the disease. "Some people feel we've oversold mammography as the be-all and end-all," says Emily Conant, M.D., chief of breast imaging at the University of Pennsylvania Medical Center, in Philadelphia. "It's never going to find all the cancers. It's not perfect." New tec nologies in the pipeline could he (see "Coming Soon," page 176), b they're five to 10 years away.

For now, mammography is the be and most cost-effective screening to we've got. But the very procedu that women have come to rely on in crisis. A June 2004 report by t Institute of Medicine (IOM), an ind pendent group charged by Congre to investigate health issues, warns "a serious and growing shortage qualified mammographers"—both t doctors who read the film as well the nonphysician technologists wh conduct the tests. As a result, the d mand for mammography may soo outstrip the supply of service What's more, CONTINUED ON PAGE 1

STOP MAKING EXCUSES!

For mammography to be optimally effective, women need to be tested routinely—two X-rays of each breast once a year starting at age 40. But research shows that women don't come back for mammograms on a regular basis. Over a 10-year period, only 6 percent of women returned for annual mammograms, according to a study by James Michaelson, Ph.D., of the division of surgical oncology at Massachusetts General Hospital, in Boston.

"No one likes getting a mammogram," says Daniel Kopans, M.D., director of breast imaging at Massachusetts General Hospital and professor of radiology at Harvard Medical School, in Boston. "No one likes looking for cancer." He understands women's reluctance, however. "We urge women to make their next appointment before they leave the office, but they don't know their schedules that far in advance." And many practices don't have the resources to send out reminders. Here are the most common excuses women make for avoiding their annual mammogram—and why you shouldn't fall prey to them.

- **I'm fit and healthy,** and breast cancer doesn't run in my family. Breast cancer is often asymptomatic. Also, nearly 90 percent of all breast tumors are found in women who have no family history of breast cancer.
- **I do self-exams and don't feel any lumps.** The smallest, most treatable tumors usually cannot be felt with your fingers.
- **I don't have insurance,** and I can't pay out of pocket for a mammogram. There are free and low-cost options in many community health centers (see "Help for the Uninsured," page 180).
- **It takes so long to get an appointment.** Write your annual date on your calendar, back it up two or three months to the day you need to call and make the appointment. Getting cancer is a lot more disruptive to your schedule than getting screened!
- **I'm afraid it's going to hurt.** Yes, it may hurt for a few seconds, and you may even feel sore for a day or two afterward. But you can minimize the pain by scheduling your appointment right after your period, not before, when breasts are more tender. And taking a couple of ibuprofen right before the test can help.

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Early breast cancer's daily opponent

In the largest-ever breast cancer treatment study, ARIMIDEX significantly reduced the risk of breast cancer returning compared with tamoxifen in postmenopausal women with hormone receptor–positive early breast cancer. These results represent a preliminary comparison with tamoxifen from this ongoing clinical trial. Findings are based on study results from patients taking ARIMIDEX (at the time of this analysis half of the patients had been treated for 2½ years or more and half had been treated for less than 2½ years) as treatment following surgery with or without radiation. Further follow-up of patients in this study will be required to determine long-term results, including side effects and survival.

Additional findings

Fewer women taking ARIMIDEX had hot flashes, vaginal bleeding, vaginal discharge, blood clots, strokes, and uterine cancer compared with those taking tamoxifen. However, women taking ARIMIDEX had a higher rate of joint problems and fractures, including spine, hip, and wrist fractures, than women taking tamoxifen.

Important safety information

Do not take prescription ARIMIDEX if you are pregnant because it may harm your unborn child. You must be postmenopausal to take ARIMIDEX.

The most common side effects seen with ARIMIDEX vs tamoxifen in the early breast cancer study are hot flashes (35% vs 40%), joint problems (30% vs 24%), weakness (17% vs 16%), mood changes (17% vs 17%), pain (15% vs 14%), nausea and vomiting (11% vs 11%), and sore throat (12% vs 12%). ARIMIDEX should not be taken with tamoxifen or estrogen-containing therapies.

Please see brief summary of the full Prescribing Information on adjacent page.

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BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PROFESSIONAL INFORMATION BROCHURE)

INDICATIONS AND USAGE. ARIMIDEX is indicated for adjuvant treatment of postmenopausal women with hormone receptor positive early breast cancer. The effectiveness of ARIMIDEX in early breast cancer is based on an analysis of recurrence-free survival in patients treated for a median of 31 months (see **CLINICAL PHARMACOLOGY - Clinical Studies** subsection). Further follow-up of study patients will be required to determine long-term outcomes. ARIMIDEX is indicated for the first-line treatment of postmenopausal women with hormone receptor positive or hormone receptor unknown locally advanced or metastatic breast cancer. ARIMIDEX is indicated for the treatment of advanced breast cancer in postmenopausal women with disease progression following tamoxifen therapy. Patients with ER-negative disease and patients who did not respond to previous tamoxifen therapy rarely responded to ARIMIDEX. **CONTRAINDICATIONS**. ARIMIDEX is contraindicated in any patient who has shown a hypersensitivity reaction to the drug or to any of the excipients. **WARNINGS**. ARIMIDEX can cause fetal harm when administered to a pregnant woman. Anastrozole has been found to cross the placenta following oral administration of 0.1 mg/kg in rats and rabbits (about 1 and 1.9 times the recommended human dose respectively on a mg/m² basis). Studies in both rats and rabbits at doses equal to or greater than 0.1 and 0.02 mg/kg/day respectively (about 1 and 1/3 respectively the recommended human dose on a mg/m² basis) administered during the period of organogenesis showed that anastrozole increased pregnancy loss (increased pre- and/or post-implantation loss, increased resorption and decreased numbers of live fetuses); effects were dose related in rats. Placental weights were significantly increased in rats at doses of 0.1 mg/kg/day or more. Evidence of fetotoxicity, including delayed fetal development (i.e., incomplete ossification and depressed fetal body weights), was observed in rats administered doses of 1 mg/kg/day (which produced plasma anastrozole $C_{ss_{max}}$ and $AUC_{0\ 24\ h}$ that were 19 times and 9 times higher than the respective values found in postmenopausal volunteers at the recommended dose). There was no evidence of teratogenicity in rats administered doses up to 1.0 mg/kg/day. In rabbits, anastrozole caused pregnancy failure at doses equal to or greater than 1.0 mg/kg/day (about 16 times the recommended human dose on a mg/m² basis); there was no evidence of teratogenicity in rabbits administered 0.2 mg/kg/day (about 3 times the recommended human dose on a mg/m² basis). There are no adequate and well-controlled studies in pregnant women using ARIMIDEX. If ARIMIDEX is used during pregnancy, or if the patient becomes pregnant while receiving this drug, the patient should be apprised of the potential hazard to the fetus or potential risk for loss of the pregnancy. **PRECAUTIONS**. **General**: Before starting treatment with ARIMIDEX, pregnancy must be excluded (see **WARNINGS**). ARIMIDEX should be administered under the supervision of a qualified physician experienced in the use of anticancer agents. **Laboratory Tests**: During the ATAC trial, more patients receiving ARIMIDEX were reported to have an elevated serum cholesterol compared to patients receiving tamoxifen (7% versus 3%, respectively). **Drug Interactions**. (See **CLINICAL PHARMACOLOGY**.) Anastrozole inhibited *in vitro* metabolic reactions catalyzed by cytochromes P450 1A2, 2C8/9, and 3A4 but only at relatively high concentrations. Anastrozole did not inhibit P450 2A6 or the polymorphic P450 2D6 in human liver microsomes. Anastrozole did not alter the pharmacokinetics of antipyrine. Although there have been no formal interaction studies other than with antipyrine based on these *in vivo* and *in vitro* studies, it is unlikely that co-administration of a 1 mg dose of ARIMIDEX with other drugs will result in clinically significant drug inhibition of cytochrome P450-mediated metabolism of the other drugs. An interaction study with warfarin showed no clinically significant effect of anastrozole on warfarin pharmacokinetics or anticoagulant activity. Clinical and pharmacokinetic results from the ATAC trial suggest that tamoxifen should not be administered with anastrozole (see **CLINICAL PHARMACOLOGY - Drug Interactions and Clinical Studies** subsections). Co-administration of anastrozole and tamoxifen resulted in a reduction of anastrozole plasma levels by 27% compared with those achieved with anastrozole alone. Estrogen-containing therapies should not be used with ARIMIDEX as they may diminish its pharmacologic action. **Drug/Laboratory Test Interactions**: No clinically significant changes in the results of clinical laboratory tests have been observed. **Carcinogenesis**. A conventional carcinogenesis study in rats at doses of 1.0 to 25 mg/kg/day (about 10 to 243 times the daily maximum recommended human dose on a mg/m² basis) administered by oral gavage for up to 2 years revealed an increase in the incidence of hepatocellular adenoma and carcinoma and uterine stromal polyps in females and thyroid adenoma in males at the high dose. A dose related increase was observed in the incidence of ovarian and uterine hyperplasia in females. At 25 mg/kg/day, plasma $AUC_{0\ 24\ h}$ levels in rats were 110 to 125 times higher than the level exhibited in postmenopausal volunteers at the recommended dose. A separate carcinogenicity study in mice at oral doses of 5 to 50 mg/kg/day (about 24 to 243 times the daily maximum recommended human dose on a mg/m² basis) for up to 2 years produced an increase in the incidence of benign ovarian stromal epithelial and granulosa cell tumors at all dose levels. A dose related increase in the incidence of ovarian hyperplasia was also observed in female mice. These ovarian changes are considered to be rodent-specific effects of aromatase inhibition and are of questionable significance to humans. The incidence of lymphosarcoma was increased in males and females at the high dose. At 50 mg/kg/day, plasma AUC levels in mice were 35 to 40 times higher than the level exhibited in postmenopausal volunteers at the recommended dose. **Mutagenesis**. ARIMIDEX has not been shown to be mutagenic in an *in vitro* tests (Ames and *E. coli* bacterial tests; CHO-K1 gene mutation assay) or clastogenic either *in vitro* (chromosome aberrations in human lymphocytes) or *in vivo* (micronucleus test in rats). **Impairment of Fertility**. Oral administration of anastrozole to female rats (from 2 weeks before mating to pregnancy day 7) produced significant incidence of infertility and reduced numbers of viable pregnancies at 1 mg/kg/day (about 10 times the recommended human dose on a mg/m² basis and 9 times higher than the $AUC_{0\ 24\ h}$ found in postmenopausal volunteers at the recommended dose). Pre-implantation loss of ova or fetus was increased at doses equal to or greater than 0.02 mg/kg/day (about one-fifth the recommended human dose on a mg/m² basis). Recovery of fertility was observed following a 5-week non-dosing period which followed 3 weeks of dosing. It is not known whether these effects observed in female rats are indicative of impaired fertility in humans. Multiple-dose studies in rats administered anastrozole for 6 months at doses equal to or greater than 1 mg/kg/day (which produced plasma anastrozole $C_{ss_{max}}$ and $AUC_{0\ 24\ h}$ that were 19 and 9 times higher than the respective values found in postmenopausal volunteers at the recommended dose) resulted in hypertrophy of the ovaries and the presence of follicular cysts. In addition, hyperplastic uteri were observed in 6-month studies in female dogs administered doses equal to or greater than 1 mg/kg/day (which produced plasma anastrozole $C_{ss_{max}}$ and $AUC_{0\ 24\ h}$ that were 22 times and 16 times higher than the respective values found in postmenopausal women at the recommended dose). It is not known whether these effects on the reproductive organs of animals are associated with impaired fertility in premenopausal women. **Pregnancy**. **Pregnancy Category D** (See **WARNINGS**). **Nursing Mothers**. It is not known if anastrozole is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when ARIMIDEX is administered to a nursing woman (see **WARNINGS** and **PRECAUTIONS**). **Pediatric Use**. The safety and efficacy of ARIMIDEX in pediatric patients have not been established. **Geriatric Use**. In studies 0030 and 0027 about 50% of patients were 65 or older. Patients ≥ 65 years of age had moderately better tumor response and time to tumor progression than patients < 65 years of age regardless of randomized treatment. In studies 0004 and 0005, 50% of patients were 65 or older. Response rates and time to progression were similar for the over 65 and younger patients. In the ATAC adjuvant study, 35% of patients were < 60 years of age, 38% were ≥60 to ≤70 years of age, and 27% were >70 years of age. The number of events by age group were insufficient to perform a subset efficacy analysis. **ADVERSE REACTIONS**. **Adjuvant Therapy**. The median duration of adjuvant treatment for safety evaluation was 37.3 months, 36.9 months, and 36.5 months for patients receiving ARIMIDEX 1 mg, tamoxifen 20 mg, and the combination of ARIMIDEX 1 mg plus tamoxifen 20 mg, respectively. Adverse events occurring with an incidence of at least 5% in any treatment group during treatment or within 14 days of the end of treatment are presented in Table 7.

Table 7 - Adverse events occurring with an incidence of at least 5% in any treatment group during treatment, or within 14 days of the end of treatment

Body system and adverse event by COSTART-preferred term*	ARIMIDEX 1 mg (N=3092)	Tamoxifen 20 mg (N=3093)	ARIMIDEX 1 mg plus Tamoxifen 20 mg (N=3098)
	Number (%) of patients		
Body as a whole			
Asthenia	512 (17)	491 (16)	468 (15)
Pain	461 (15)	435 (14)	407 (13)
Back Pain	256 (8)	255 (8)	258 (8)
Headache	277 (9)	216 (7)	214 (7)
Abdominal Pain	227 (7)	228 (7)	219 (7)
Infection	223 (7)	225 (7)	211 (7)
Accidental Injury	221 (7)	221 (7)	226 (7)
Flu Syndrome	154 (5)	170 (5)	170 (5)
Chest Pain	164 (5)	122 (4)	152 (5)
Cardiovascular			
Vasodilatation	1082 (35)	1246 (40)	1261 (41)
Hypertension	292 (9)	252 (8)	270 (9)
Digestive			
Nausea	307 (10)	298 (10)	324 (10)
Constipation	201 (7)	214 (7)	234 (7)
Diarrhea	207 (7)	186 (6)	193 (6)
Dyspepsia	166 (5)	148 (5)	156 (5)
Gastrointestinal Disorder	155 (5)	122 (4)	127 (4)
Hemic and Lymphatic			
Lymphoedema	267 (9)	299 (10)	296 (10)
Metabolic and Nutritional			
Peripheral Edema	255 (8)	275 (9)	281 (9)
Weight Gain	253 (8)	250 (8)	264 (9)
Hypercholesterolemia	210 (7)	79 (3)	72 (2)
Musculoskeletal			
Arthritis	431 (14)	344 (11)	364 (12)
Arthralgia	390 (13)	251 (8)	265 (9)
Osteoporosis	229 (7)	161 (5)	174 (6)
Fracture	219 (7)	137 (4)	178 (6)
Bone Pain	165 (5)	149 (5)	143 (5)
Arthrosis	179 (6)	136 (4)	119 (4)
Nervous System			
Depression	348 (11)	341 (11)	342 (11)
Insomnia	266 (9)	245 (8)	221 (7)
Dizziness	198 (6)	207 (7)	190 (6)
Anxiety	168 (5)	157 (5)	140 (5)
Paraesthesia	195 (6)	116 (4)	123 (4)
Respiratory			
Pharyngitis	356 (12)	369 (12)	350 (11)
Cough Increased	212 (7)	237 (8)	215 (7)
Dyspnea	186 (6)	185 (6)	175 (6)
Skin and Appendages			
Rash	300 (10)	331 (11)	306 (10)
Sweating	121 (4)	165 (5)	142 (5)
Urogenital			
Leukorrhea	75 (2)	265 (9)	87 (3)
Urinary Tract Infection	192 (6)	252 (8)	181 (6)
Breast Pain	205 (7)	136 (4)	152 (5)
Vaginitis	180 (6)	134 (4)	134 (4)

COSTART Coding Symbols for Therapeutic Adverse Reactions Terms.

N=Number of patients in study for the treatment.

*A patient may have had more than 1 adverse event and may have reported more than 1 adverse event within a body system.

Non-pathologic fractures were reported more frequently in ARIMIDEX treated patients (151 [5%]) than in the tamoxifen-treated patients (137 [4%]). In terms of adverse events and laboratory adverse events were compared, specifically based on the known pharmacologic properties and side effect profile for the 2 drugs (see Table 8). Patients receiving ARIMIDEX had an increase in musculoskeletal events and fractures, including fractures of spine, hip, and wrist, as well as events reporting decreased bone density. Patients receiving ARIMIDEX had a decrease in hot flashes, vaginal bleeding, vaginal discharge, endometrial cancer, venous thromboembolic events (including deep venous thrombosis and pulmonary embolism), and ischemic cardiovascular events compared with patients receiving tamoxifen.

Table 8 - Number (%) of patients with Pre-specified Adverse Event in ATAC Trial

	ARIMIDEX N=3092 (%)	Tamoxifen N=3093 (%)	Odds-Ratio	95% CI
All Fractures	464 (15)	386 (12)	1.23	1.07, 1.42
Fractures of Spine, Hip, Wrist	189 (6)	145 (5)	1.34	1.04, 1.72
Musculoskeletal Disorders	940 (30)	797 (26)	1.21	1.09, 1.35
Ischemic Cardiovascular Disease	592 (19)	574 (19)	1.05	0.93, 1.18
Asthenia	513 (17)	491 (16)	1.05	0.93, 1.20
Nausea and Vomiting	348 (11)	342 (11)	1.02	0.88, 1.19
Mood Disturbances	521 (17)	511 (17)	1.02	0.90, 1.16
Cataracts	128 (4)	140 (5)	0.91	0.71, 1.17
Hot Flashes	1082 (35)	1246 (40)	0.80	0.73, 0.87
Venous Thromboembolic Events	73 (2)	120 (4)	0.60	0.44, 0.81
Deep Venous Thromboembolic Events	40 (1)	60 (2)	0.66	0.43, 1.00
Ischemic Cerebrovascular Event	40 (1)	74 (2)	0.53	0.35, 0.80
Vaginal Bleeding	147 (5)	270 (9)	0.52	0.42, 0.64
Vaginal Discharge	94 (3)	205 (7)	0.23	0.18, 0.28
Endometrial Cancer	36 (1.2)	15 (0.5)	0.20	0.04, 0.70

Refers to joint symptoms, including arthritis, arthrosis, and arthralgia.

Angina pectoris was reported more frequently in the ARIMIDEX-treated patients (52 [1.7%]) than in the tamoxifen-treated patients (30 [1.0%]); the incidence of myocardial infarction was comparable (ARIMIDEX 24 patients [0.8%], tamoxifen 25 patients [0.8%]). Preliminary results from the ATAC trial bone substudy demonstrated that patients receiving ARIMIDEX had a mean decrease in both the lumbar spine and total hip bone mineral density (BMD) compared to baseline. Patients receiving tamoxifen had a mean increase in both the lumbar spine and total hip BMD compared to baseline.

First Line Therapy. ARIMIDEX was generally well tolerated in two well-controlled clinical trials (i.e., Trials 0030 and 0027). Adverse events occurring with an incidence of at least 5% in either treatment group of trials 0030 and 0027 during or within 2 weeks of the end of treatment are shown in Table 9.

Table 9

Body System Adverse Event*	ARIMIDEX (n=506)	Tamoxifen (n=511)	Body System Adverse Event*	ARIMIDEX (n=506)	Tamoxifen (n=511)
	Number (%) of Subjects			Number (%) of Subjects	
Whole body			**Metabolic and Nutritional**		
Asthenia	83 (16)	81 (16)	Peripheral Edema	51 (10)	41 (8)
Pain	70 (14)	73 (14)	**Musculoskeletal**		
Back Pain	60 (12)	68 (13)	Bone Pain	54 (11)	52 (10)
Headache	47 (9)	40 (8)	**Nervous**		
Abdominal Pain	40 (8)	38 (7)	Dizziness	30 (6)	22 (4)
Chest Pain	37 (7)	21 (4)	Insomnia	30 (6)	38 (7)
Flu Syndrome	35 (7)	30 (6)	Depression	23 (5)	32 (6)
Pelvic Pain	23 (5)	20 (4)	Hypertonia	16 (3)	26 (5)
Cardiovascular			**Respiratory**		
Vasodilation	128 (25)	106 (21)	Cough Increased	55 (11)	52 (10)
Hypertension	25 (5)	36 (7)	Dyspnea	51 (10)	47 (9)
Digestive			Pharyngitis	49 (10)	68 (13)
Nausea	94 (19)	106 (21)	**Skin and Appendages**		
Constipation	47 (9)	66 (13)	Rash	38 (8)	34 (7)
Diarrhea	40 (8)	33 (6)	**Urogenital**		
Vomiting	38 (8)	36 (7)	Leukorrhea	9 (2)	31 (6)
Anorexia	26 (5)	48 (9)			

*A patient may have had more than 1 adverse event.

Less frequent adverse experiences reported in patients receiving ARIMIDEX 1 mg in either Trial 0030 or Trial 0027 were similar to those reported for second-line therapy. Based on results from second-line therapy and the established safety profile of tamoxifen, the incidence of 9 prespecified adverse event categories potentially causally related to one or both of the therapies because of their pharmacology were statistically analyzed. No significant differences were seen between treatment groups.

Table 10

Adverse Event Groups*	ARIMIDEX 1 mg (n=506) n (%)	NOLVADEX 20 mg (n=511) n (%)	Adverse Event Groups*	ARIMIDEX 1 mg (n=506) n (%)	NOLVADEX 20 mg (n=511) n (%)
	Number (n) and Percentage of Patients			Number (n) and Percentage of Patients	
Depression	23 (5)	32 (6)	Hot Flushes	134 (26)	118 (23)
Tumor Pain	15 (3)	18 (4)	Vaginal Dryness	9 (2)	3 (1)
Thromboembolic Disease†	18 (4)	33 (6)	Lethargy	6 (1)	15 (3)
Venous‡	5	15	Vaginal Bleeding	5 (1)	11 (2)
Coronary and Cerebral§	13	19	Weight Gain	11 (2)	8 (2)
Gastrointestinal Disturbance	170 (34)	196 (38)			

*A patient may have had more than 1 adverse event.

†Includes pulmonary embolus, thrombophlebitis, retinal vein thrombosis.

‡Includes myocardial infarction, myocardial ischemia, angina pectoris, cerebrovascular accident, cerebral ischemia and cerebral infarction.

Despite the lack of estrogenic activity for ARIMIDEX, there was no increase in myocardial infarction or fracture when compared with tamoxifen.

Second Line Therapy. ARIMIDEX was generally well tolerated in two well-controlled clinical trials (i.e., Trials 0004 and 0005), with less than 3.3% of the ARIMIDEX-treated patients and 4.0% of the megestrol acetate-treated patients withdrawing due to an adverse event. The principal adverse event more common with ARIMIDEX than megestrol acetate was diarrhea. Adverse events reported in greater than 5% of the patients in any of the treatment groups in these two well-controlled clinical trials, regardless of causality, are presented below.

Table 11

Adverse Event*	ARIMIDEX 1 mg (n = 262) n (%)	ARIMIDEX 10 mg (n = 246) n (%)	Megestrol Acetate 160 mg (n = 253) n (%)	Adverse Event*	ARIMIDEX 1 mg (n = 262) n (%)	ARIMIDEX 10 mg (n = 246) n (%)	Megestrol Acetate 160 mg (n = 253) n (%)
	Number (n) and Percentage of Patients with Adverse Event*				Number (n) and Percentage of Patients with Adverse Event*		
Asthenia	42 (16)	33 (13)	47 (19)	Pharyngitis	16 (6)	23 (9)	15 (6)
Nausea	41 (16)	48 (20)	28 (11)	Dizziness	16 (6)	12 (5)	15 (6)
Headache	34 (13)	44 (18)	24 (9)	Rash	15 (6)	15 (6)	19 (8)
Hot Flashes	32 (12)	29 (12)	21 (8)	Dry Mouth	15 (6)	11 (4)	13 (5)
Pain	28 (11)	35 (14)	29 (11)	Peripheral Edema	14 (5)	21 (9)	28 (11)
Back Pain	28 (11)	26 (11)	19 (8)	Pelvic Pain	14 (5)	17 (7)	13 (5)
Dyspnea	24 (9)	27 (11)	53 (21)	Depression	14 (5)	6 (2)	5 (2)
Vomiting	24 (9)	26 (11)	16 (6)	Chest Pain	13 (5)	18 (7)	13 (5)
Cough Increased	22 (8)	18 (7)	19 (8)	Paresthesia	12 (5)	15 (6)	9 (4)
Diarrhea	22 (8)	18 (7)	5 (2)	Vaginal Hemorrhage	6 (2)	4 (2)	13 (5)
Constipation	18 (7)	18 (7)	21 (8)	Weight Gain	4 (2)	9 (4)	30 (12)
Abdominal Pain	15 (6)	14 (6)	18 (7)	Sweating	4 (2)	3 (1)	16 (6)
Anorexia	15 (6)	19 (8)	11 (4)	Increased Appetite	0 (0)	1 (0)	13 (5)
Bone Pain	17 (6)	26 (12)	19 (8)				

*A patient may have more than one adverse event.

Other less frequent (2% to 5%) adverse experiences reported in patients receiving ARIMIDEX 1 mg in either Trial 0004 or Trial 0005 are listed below. These adverse experiences are listed by body system and are in order of decreasing frequency within each body system, regardless of assessed causality. **Body as a Whole**: Flu syndrome, fever, neck pain, malaise, accidental injury, infection. **Cardiovascular**: Hypertension, thrombophlebitis. **Hepatic**: Gamma GT increased, SGOT increased, SGPT increased. **Hematologic**: Anemia, leukopenia. **Metabolic and Nutritional**: Alkaline phosphatase increased, weight loss. Mean serum total cholesterol levels increased by 0.5 mmol/L (20 mg) in patients receiving ARIMIDEX. Increases in LDL cholesterol have been shown to contribute to these changes. **Musculoskeletal**: Myalgia, arthralgia, pathological fracture. **Nervous**: Somnolence, confusion, insomnia, anxiety, nervousness. **Respiratory**: Sinusitis, bronchitis, rhinitis. **Skin and Appendages**: Hair thinning, pruritus. **Urogenital**: Urinary tract infection, breast pain. The incidences of the following adverse event groups potentially causally related to one or both of the therapies because of their pharmacology were statistically analyzed: weight gain, edema, thromboembolic disease, gastrointestinal disturbance, hot flushes, and vaginal dryness. These same groups, and the adverse events captured in the groups, were prospectively defined. The results are shown in the table below.

Table 12

Adverse Event Group	ARIMIDEX 1 mg (n = 262) n (%)	ARIMIDEX 10 mg (n = 246) n (%)	Megestrol Acetate 160 mg (n = 253) n (%)
	Number (n) and Percentage of Patients		
Gastrointestinal Disturbance	85 (32)	81 (33)	54 (21)
Hot Flushes	33 (13)	29 (12)	35 (14)
Edema	19 (7)	28 (11)	35 (14)
Thromboembolic Disease	9 (3)	4 (2)	12 (5)
Vaginal Dryness	5 (2)	3 (1)	2 (1)
Weight Gain	4 (2)	10 (4)	30 (12)

More patients treated with megestrol acetate reported weight gain as an adverse event compared to patients treated with ARIMIDEX 1 mg (p=0.0001). Other differences were not statistically significant. An examination of the magnitude of change in weight in all patients was also conducted. Thirty-four percent (87/253) of the patients treated with megestrol acetate experienced weight gain of 5% or more and 11% (27/253) of the patients treated with megestrol acetate experienced weight gain of 10% or more. Among patients treated with ARIMIDEX 1 mg, 13% (33/262) experienced weight gain of 5% or more and 3% (6/262) experienced weight gain of 10% or more. On average, the 5 to 10% weight gain represented between 6 and 12 pounds. No patients receiving ARIMIDEX or megestrol acetate discontinued treatment due to drug related weight gain. Vaginal bleeding has been reported infrequently, mainly in patients during the first few weeks after changing from existing hormonal therapy to treatment with ARIMIDEX. If bleeding persists, further evaluation should be considered. During clinical trials and postmarketing experience joint pain/stiffness has been reported in association with the use of ARIMIDEX. ARIMIDEX may also be associated with rash including very rare cases of mucocutaneous disorders such as erythema multiforme and Stevens-Johnson syndrome.

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6420630 0902



Why Did Your Last Diet Fail?

By Tiffany Strobel

It could be pre-menopausal or menopausal weight gain. So if you're over 35 and gaining weight in places you've never gained weight before, you're not alone! But researchers may have just discovered the solution!

ou're a woman. You're gaining weight in places you never gained weight before. And you just can't seem to lose the excess pounds as easy as you used to. Join the club! You're e more than 47 million American women cing menopausal and pre-menopausal in. (By the way, if you're over 35, opausal" is you.)

ere's The Good News...

on't have to look overweight, over-tired, f-shape just because your hormones, sm and caloric requirements are changing. ers are finally focusing their attention pausal and pre-menopausal weight gain y because they're getting older and out themselves). And what they're coming up new generation of diet pills specifically d to help menopausal and pre-menopausal ose weight.

Discoveries

stingly, the first of these new-generation (specifically developed to help overcome usal and pre-menopausal weight gain) is ig, it's a nutraceutical... probably because itical products do not have to go through thy FDA drug approval process. This new is called Estrin-D, and in recent studies, e ingredients in Estrin-D were shown to resting metabolic rate in menopausal and opausal women, automatically reduce caloric nd provide sustained energy. But that's Users reported that Estrin-D helped control wings, virtually eliminated binge eating e them an overall sense of 'well being.'

irst and Only Diet Pill for opausal and Pre-Menopausal ht Loss

e Estrin-D is the first and only diet pill ally developed to help menopausal and pre-menopausal women lose weight, you can be certain it won't be the last. Society is changing. A new breed of over-35 women are no longer willing to just give up and become old, fat and tired.

"In my mind a product like Estrin-D was inevitable," said Dr. Nathalie Chevreau, Director of Women's Affairs for Covaxil Laboratories, Estrin-D's distributor. "There's a whole generation of women out there who have outgrown *Cosmopolitan* magazine but are not ready to join the AARP [American Association of Retired Persons]. American women are redefining age, beauty and sexuality, proving that life doesn't end at 40. It's about the way you're perceived, your ability to earn and be productive, and it's about the desire to stay strong, self-confident and happy. These women will not allow the MTV generation to push them aside."

For Most of Us, Diet and Exercise Are Not Enough

Dealing with menopausal and pre-menopausal weight gain has not been easy. For most of us, diet and exercise are not enough. We need something more. Something to help with the hormonal and metabolic changes that begin in our mid-thirties. That's why this new emphasis on menopausal and pre-menopausal weight loss is so exciting. "Looking good, feeling young and being energetic are essential. This new generation of diet pills targeting menopausal and pre-menopausal women has the ability to truly change lives," Dr. Chevreau says. "We're glad Estrin-D is the first and only diet pill to address the needs of today's women."

Help Is Finally Here

"This new-found attention to menopausal and pre-menopausal weight loss has been a long time in coming," continues Dr. Chevreau. "Look at the market today: you have diet and energy pills targeted to the under-30 generation (products like Zantrex-3™ from Zoller Labs), diet pills for the significantly overweight (Leptoprin† from A.G. Waterhouse), and fat blockers like Xenical™ for the general population (from Hoffman LaRoche). But what about 'real' women? You would have thought the menopausal and pre-menopausal weight loss market, which makes up the majority of the female population, would have been addressed earlier. I guess it's better late than never."

There's no way of telling how many of the major drug companies currently have menopause-specific diet pills going through the lengthy FDA approval process, but with the size of the market and changing social trends, you can bet we'll be seeing more than a few menopause-specific diet pills in the near future. But for right now, if you're a woman over 35 and you're battling menopausal or pre-menopausal weight gain, there's only one: Estrin-D. Help is finally here!

Ms. Strobel is the editor of the web's most popular diet site, www.MyFreeDiet.com.

Having a Hard Time Finding Estrin-D™?

If you've been searching for Estrin-D, you already know it's become almost impossible to find. This tiny little pill is attaining "cult" status. Try your local GNC retailer (if they're out of stock, ask the manager to order you a bottle). Can't wait? Your best bet is to call Covaxil Laboratories direct at 1-800-373-9895, or order online at www.Estrin-D.com. The price is $59.00 for a full 30-day supply... but as demand continues to outpace supply, don't be surprised if you see the price go up.

By the way, Estrin-D is backed by a 100% money-back guarantee: If for any reason you're not satisfied with Estrin-D, simply return the empty container within 30 days for a full refund, no questions asked.



Call 1-800-373-9895 or visit www.Estrin-D.com

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some mammography facilities are responding by shutting down. Between April 2001 and February 2003, two facilities closed for each one that opened, according to the IOM report. In 2003, there were an estimated 8,600 mammography centers in the United States, an 8.5-percent drop in only three years. This poses the question: In the future, will the service be there for the 1 million women each year who enter the age at which they need a mammogram?

Ladies' Home Journal investigated the status of breast-screening services across the country, reviewing more than 100 documents, including published studies, federal reports and congressional testimony, and conducting dozens of interviews with radiologists, X-ray technologists, federal health officials and patients themselves. We've uncovered a morass of problems contributing to this life-threatening health emergency.

Perhaps the most ominous is that women who want or need the test are being made to wait. We're experiencing longer delays for both screening mammograms (the annual routine tests for women with no signs of disease) and diagnostic mammograms (the follow-up X-rays often prescribed after an abnormality has been detected on a screening mammogram). Three to four months is a fairly common wait time across the country, delaying diagnoses and possibly risking women's lives.

To make matters worse, "We've seen patients who had a screening mammogram in February and didn't find out if they had cancer until June," says Barbara L. Sharp, M.D., director of breast imaging and chairman of radiology at Memorial Medical Center, in Jacksonville, Florida. This is because of the delays between appointments for a screening mammogram, a diagnostic mammogram and a biopsy, which confirms the diagnosis. "No other diagnosis takes that long. A man who may have prostate cancer can find out the following week after his diagnostic test," Dr. Sharp says. "I think it's very sad when women are told they may have a disease that they could potentially die from but they have to wait months to find out if it's true or not. It's pretty much standard for mammography now that everybody gets bad, delayed care. This just shouldn't be happening."

It may take months to confirm that you have breast cancer. No other diagnosis takes that long

A SHORTAGE OF DOCTORS

A big part of the mammography crisis is that the breast-imaging jobs are going begging. Radiologists, the doctors who view and interpret mammogram film, are burning out and leaving the field, and radiologists in training, who are needed to fill the vanishing ranks, are avoiding breast imaging altogether. In both cases, the doctors say that the work is too stressful and monotonous, that there is a high risk of being sued and that the specialty is not as financially rewarding as other work in radiology, such as computed tomography (CT) and magnetic resonance imaging (MRI).

The University of Michigan Breast Care Center, in Ann Arbor, for example, has needed two breast radiologists for months but has not had any luck in recruiting anybody. "It's a struggle," says N. Reed Dunnick, M.D., chairman of radiology there. "I've been telling the hospital, 'Please don't plan on expanding breast-care services because I can't keep up with mammograms as it is.'"

Strapped for personnel, some breast-imaging facilities have resorted to hiring radiologists from abroad and retraining them here in the U.S., but even this source is threatened by new, tighter immigration rules making it more difficult for foreigners to get work visas.

Also becoming an increasingly rare breed are subspecialists, radiologists who finish their four-year residencies and go on to do a six-month to one-year fellowship that gives them extra training in a host of breast-imaging techniques, including mammography, ultrasound and fine-needle biopsy. But these specially trained radiologists make up only 2,000 of the 20,000 radiologists currently doing mammography.

A survey of radiology residents that appeared in the June 2003 issue of the journal *Radiology* found that 67 percent agreed that mammograms are best interpreted by subspecialists, and studies show that these radiologists have a higher rate of accuracy in reading mammograms. But 64 percent of the radiology residents surveyed said they would not consider a fellowship in breast imaging; a similar percentage said that they would not even want to spend 25 percent of their time interpreting mammograms. Some of the CONTINUED ON PAGE 176

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Non-stimulant Strattera can provide all-day into the evening ADHD symptom relief.

What better time than now to ask your doctor if non-stimulant Strattera is right for your child? If it is right, you could be giving your child effective ADHD symptom relief not just at school, but also for the other activities your child's life is full of. Like playing with friends, spending time with the family, during dinner, and homework time. Strattera is the first and only FDA-approved non-stimulant ADHD medication. It effectively treats ADHD symptoms all day and even into the evening. Strattera is part of a total treatment plan.

For more information about prescription Strattera and to learn from parents whose children have taken Strattera, visit strattera.com or call **1-800-653-2303**.

Ask your doctor if non-stimulant Strattera is right for your child. **And ask about a free sample.**

www.strattera.com

See patient information on adjoining page.

Safety Information: Your child should not take Strattera at the same time or within two weeks of taking an MAOI, or if he or she has narrow angle glaucoma. Tell your doctor if your child has a history of high or low blood pressure, increased heart rate or any heart or blood vessel disease.

Some children may lose weight when starting treatment with Strattera. As with all ADHD medications, growth should be monitored during treatment.

Most children in clinical studies who experienced side effects were not bothered enough to stop using Strattera. The most common side effects were upset stomach, decreased appetite, nausea or vomiting, dizziness, tiredness, and mood swings. Strattera has not been tested in children under 6 years of age.

non-stimulant

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INFORMATION FOR PATIENTS OR THEIR PARENTS OR CAREGIVERS

STRATTERA® (atomoxetine HCl)

Read this information before you start taking STRATTERA (Stra-TAIR-a). Read this information you get each time you get more STRATTERA. There may be new information. This information does not take the place of talking to your doctor about your medical condition or treatment.

What is STRATTERA?

STRATTERA is a non-stimulant medicine used to treat Attention-Deficit/Hyperactivity Disorder (ADHD). STRATTERA contains atomoxetine hydrochloride, a selective norepinephrine reuptake inhibitor. Your doctor has prescribed this medicine as part of an overall treatment plan to control your symptoms of ADHD.

What is ADHD?

ADHD has 3 main types of symptoms: inattention, hyperactivity, and impulsiveness. Symptoms of inattention include not paying attention, making careless mistakes, not listening, not finishing tasks, not following directions, and being easily distracted. Symptoms of hyperactivity and impulsiveness include fidgeting, talking excessively, running around at inappropriate times, and interrupting others. Some patients have more symptoms of hyperactivity and impulsiveness while others have more symptoms of inattentiveness. Some patients have all 3 types of symptoms.

Symptoms of ADHD in adults may include a lack of organization, problems starting tasks, impulsive actions, daydreaming, daytime drowsiness, slow processing of information, difficulty learning new things, irritability, lack of motivation, sensitivity to criticism, forgetfulness, low self-esteem, and excessive effort to maintain some organization. The symptoms shown by adults who primarily have attention problems but not hyperactivity have been commonly described as Attention-Deficit Disorder (ADD).

Many people have symptoms like these from time to time, but patients with ADHD have these symptoms more than others their age. Symptoms must be present for at least 6 months to be certain of the diagnosis.

Who should NOT take STRATTERA?

Do not take STRATTERA if:

- you took a medicine known as a monoamine oxidase inhibitor (MAOI) in the last 2 weeks. An MAOI is a medicine sometimes used for depression and other mental problems. Some names of MAOI medicines are Nardil® (phenelzine sulfate) and Parnate® (tranylcypromine sulfate). Taking STRATTERA with an MAOI could cause serious side effects or be life-threatening.
- you have narrow angle glaucoma, an eye disease.
- you are allergic to STRATTERA or any of its ingredients. The active ingredient is atomoxetine. The inactive ingredients are listed at the end of this leaflet.

What should I tell my doctor before taking STRATTERA?

Talk to your doctor before taking STRATTERA if you:

- have or had liver problems. You may need a lower dose.
- have high blood pressure. STRATTERA can increase blood pressure.
- have problems with your heart or an irregular heartbeat. STRATTERA can increase heart rate (pulse).
- have low blood pressure. STRATTERA can cause dizziness or fainting in people with low blood pressure.

Tell your doctor about all the medicines you take or plan to take, including prescription and non-prescription medicines, dietary supplements, and herbal remedies. Your doctor will decide if you can take STRATTERA with your other medicines.

Certain medicines may change the way your body reacts to STRATTERA. These include medicines used to treat depression [like Paxil® (paroxetine hydrochloride) and Prozac® (fluoxetine hydrochloride)], and certain other medicines (like quinidine). Your doctor may need to change your dose of STRATTERA if you are taking it with these medicines.

STRATTERA may change the way your body reacts to oral or intravenous albuterol (or drugs with similar actions), but the effectiveness of these drugs will not be changed. Talk with your doctor before taking STRATTERA if you are taking albuterol.

How should I take STRATTERA?

- Take STRATTERA according to your doctor's instructions. This is usually taken 1 or 2 times a day (morning and late afternoon/early evening).
- You can take STRATTERA with or without food.
- If you miss a dose, take it as soon as possible, but do not take more than your total daily dose in any 24-hour period.
- Taking STRATTERA at the same time each day may help you remember.
- STRATTERA is available in several dosage strengths: 10, 18, 25, 40, 60 mg.

Call your doctor right away if you take more than your prescribed dose of STRATTERA.

Other important safety information about STRATTERA

Use caution when driving a car or operating heavy machinery until you know how STRATTERA affects you.

Talk to your doctor if you are:

- pregnant or planning to become pregnant
- breast-feeding. We do not know if STRATTERA can pass into your baby's milk.

What are the possible side effects of STRATTERA?

The most common side effects of STRATTERA used in teenagers and children over 6 years old are:

- upset stomach
- decreased appetite
- nausea or vomiting
- dizziness
- tiredness
- mood swings

Weight loss may occur after starting STRATTERA. It is not known if growth will be slowed in children who use STRATTERA for a long period of time. Your doctor will watch your weight and height. If you are not growing or gaining weight as expected, your doctor may change your treatment of STRATTERA.

The most common side effects of STRATTERA used in adults are:

- constipation
- dry mouth
- nausea
- decreased appetite
- dizziness
- problems sleeping
- sexual side effects
- problems urinating
- menstrual cramps

Stop taking STRATTERA and call your doctor right away if you get swelling or hives. STRATTERA can cause a serious allergic reaction in rare cases.

This is not a complete list of side effects. Talk to your doctor if you develop any symptoms that concern you.

General advice about STRATTERA

STRATTERA has not been studied in children under 6 years old.

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use STRATTERA for a condition for which it was not prescribed. Do not give STRATTERA to other people, even if they have the same symptoms you have.

This leaflet summarizes the most important information about STRATTERA. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information on STRATTERA that is written for health professionals. You can also call 1-800-LILLY-RX (1-800-545-5979) or visit our website at www.strattera.com.

What are the ingredients in STRATTERA?

Active ingredient: atomoxetine.

Inactive ingredients: pregelatinized starch, dimethicone, gelatin, sodium lauryl sulfate, FD&C Blue No. 2, synthetic yellow iron oxide, titanium dioxide, and edible black ink.

Store STRATTERA at room temperature.

This patient information summary has been approved by the US Food and Drug Administration.

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Coming Soon: Improvements to Mammography?

"Interpreting mammograms is like looking for a needle in a haystack," says Stamatia Destounis, M.D., a radiologist at the Elizabeth Wende Breast Clinic, in Rochester, New York. "Mammography is hard because you're compressing ligaments, glandular tissue, fat and milk ducts into a 'pancake' and then trying to catch disease by looking at images of subtle areas of gray and white." Only two other technologies currently in use are FDA approved for breast screening:

• Digital mammography is performed like a regular mammogram, but the machine collects the X-ray images in a digital format and displays them on a computer monitor. The radiologist can magnify, lighten or darken the images to get a more detailed look at areas of concern. Despite the learning curve involved, many doctors who have used it are convinced it improves the ability to diagnose. More definitive answers will come in 2005, with results of a 50,000-woman trial co-sponsored by the National Cancer Institute and the American College of Radiology.

• Computer-aided detection (CAD) takes mammogram images and marks suspicious areas the radiologist may have missed. Studies suggest CAD can significantly reduce false negatives, potentially increasing the number of cancers detected early. Currently, about 30 to 40 percent of mammography practices have CAD available.

Two technologies are often used to help diagnose breast cancer, even though they are not FDA approved for breast-cancer screening:

• Magnetic resonance imaging (MRI) may prove useful in diagnosing women with a high risk of breast cancer or who have dense breasts. A recent study in *The New England Journal of Medicine* found that MRI picked up nearly twice as many cancers as did mammography in high-risk women. MRI did lead, however, to twice as many unneeded additional exams and three times as many unneeded biopsies as breast X-rays. While MRI looks promising, it is far more expensive than X-rays and needs more study before it can be used for general screening. "You have to show that it's cost effective and that you're doing more good than harm," says David Dershaw, M.D., president of the Society of Breast Imaging and director of breast imaging at Memorial Sloan-Kettering Cancer Center, in New York City.

• Ultrasound uses high-frequency sound waves to form pictures. Large clinical trials are under way to determine its effectiveness in women with dense breasts or who are at high risk of developing cancer.

Some two dozen other technologies are under investigation to improve on the breast X-ray. Most are five to 10 years down the road. They include:

• Scintimammography involves injecting a radioactive substance into the body to help detect cancer. Then a special camera takes detailed pictures of the breast from several angles.

• Positron emission tomography (PET)—after a radioactive substance is injected, PET scans create live computerized images of chemical changes in the tissue that might indicate the presence of cancer.

• Digital tomosynthesis mammography uses X-rays, but a computer creates high-resolution, cross-sectional, 3-D pictures for more detailed analysis.

• Optical imaging exposes the breast to light at specific wavelengths: tumors are known to interact differently with light than does normal tissue.

• Computed tomography laser mammography is another type of optical imaging using lasers to illuminate the breast in tiny increments from the chest wall to the nipple, then a computer creates 3-D, cross-sectional images.

• Thermography uses infrared light to measure the heat radiating from breast tissue. High-temperature areas often indicate increased blood circulation to the cells, which may help supply tumors with the nutrients they need to grow.

• Electrical potential measurement involves applying electrodes to the skin in an attempt to detect cancer by measuring differences in the electrical charges in various areas of the breast.

• Microwave imaging uses low-energy electromagnetic waves, also to map differences in the electrical properties of breast tissue.

• Serum proteomic profiling analyzes blood or fluid from the nipple (via a noninvasive pump) to identify the protein patterns consistent with the presence of cancer.

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reasons, they say, include that they don't find the field interesting, they fear lawsuits, they think the work is too difficult and stressful, and the pay is too low. "The results are discouraging," says Barbara Monsees, M.D., chief of breast imaging at the Washington University Medical Center, in St. Louis, and one of the authors of the study. "I think we have problems on the horizon."

Only 6 percent of the subspecialty programs in radiology are in breast imaging, and only 25 percent of those positions are filled. At Memorial Sloan-Kettering, for instance, more than 10 applicants once vied for five breast-imaging slots. This year one stood empty. And 15 radiology residents once applied for breast fellowships at Harvard. "Now CONTINUED



Three weeks after Lynette celebrated her pregnancy, she was diagnosed with breast cancer. Doctors told her she must terminate immediately, because the pregnancy would fuel her cancer and endanger her life. Yet, even in her darkest moments, she knew she would do anything to save her unborn baby's life.

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we have one at best," says Daniel Kopans, M.D., professor of radiology at Harvard Medical School, in Boston. "In the past two to three years applications for the fellowship have just melted away." The ramifications are frightening. It's very possible that there won't be enough breast imagers to train future doctors interested in the field. And there will be fewer people available to conduct research into new technologies that might improve the early detection of breast cancer and help women live longer, healthier lives.

Radiologists can't do their jobs without certified technologists, the health-care workers who actually place and compress the breast on the plate and then develop the X-ray film before the radiologist reads it. But these techs are leaving the field, too, for similar reasons: heavy workload, high stress and lower pay than other technologist jobs. Fewer new techs are entering the field, even though there was an 18-percent job-vacancy rate for radiologic technologists in 2001, according to an American Hospital Association survey. What's more, every year from 1996 to 2000, first-time examinees for the mammography certificate have declined, by between 19 and 39 percent. "More and more women are having mammograms done, so we've got to have more technologists to be able to do them," says Cathy Parsons, president-elect of the American Society of Radiologic Technologists. "And they're just not out there."

"It's very stressful work," says D. David Dershaw, M.D., president of the Society of Breast Imaging and director of breast imaging at Memorial Sloan-Kettering Cancer Center, in New York City. "You're pulling and pushing on the patient. It's a very intimate examination to perform. The patient may have pain, discomfort or fear. It's not just standing someone against the wall, like with a chest X-ray, and saying, 'Hold your breath.'"

HIGH COSTS, LOW PAY

The flight from breast imaging as a medical practice has financial causes, too. Breast radiologists earn less than colleagues who do other kinds of imaging. That's because breast-imaging services rarely make money and in fact are likelier to be money losers. "If you're efficient and do a large volume, with screening mammography you may be able to break even," says Dr. Monsees. "With diagnostic mammography you lose your shirt, because it's very labor intensive." Typically, more films are taken for a diagnostic mammogram than for a screening mammogram. Sometimes diagnostic ultrasound tests are ordered at the same time. And with a diagnostic procedure, usually the patient meets with the radiologist, which drives up costs. (The patient usually does not see the radiologist after a screening mammogram; rather, a report is sent to her primary-care or OB-GYN physician.)

Radiologists are leaving the field of mammography because of the risk of being sued

Radiologists complain that Medicare reimbursement, which pays for mammograms for women 65 and older, does not come close to covering the costs involved, as it does for other types of radiology. And private insurers often base their coverage on Medicare's rates, which may not take into account such expenses as the doctor's and technologist's time, salaries for support staff and the cost of complying with federal safety standards and paying for medical malpractice insurance. Most affected are academic medical centers, where new doctors train, because their expenses are often higher than those of private practices (additional expenses are incurred in training students and conducting research).

But, say radiologists, hospital administrators are shortsighted if they don't see that mammography can actually generate income in the long run. "Hospitals promote mammography, and they should," says Leonard Berlin, M.D., chairman of radiology at Rush North Shore Medical Center in Skokie, Illinois. "When women have mammograms, those who have abnormal tests will have a biopsy, and the hospital will make money. If surgery is needed, they're going to make more money. The initial screening mammogram may be a loss leader, but if they come to a facility and have a good experience with their mammogram, they're going to come back" if they need more treatment. And, as the decision makers in the family, they'll bring other family members who require care. In short, says Dr. Berlin, "mammography can be good business."

DOCTORS UNDER SIEGE

Of all the reasons radiologists give for avoiding—or quitting—mammography, the threat of CONTINUED



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lawsuits looms largest. A soon-to-be-published paper by the Society of Breast Imaging shows that more than half of practices involved in breast imaging have been sued, "and that has an impact on radiologists' enthusiasm for doing breast imaging," says Dr. Dershaw.

Indeed, breast cancer is the No. 1 condition for which patients file medical malpractice claims, and radiologists account for the largest proportion of the claims that are paid out, an average of more than $290,000 per lawsuit in 2001, according to the Physicians Insurers Association of America (PIAA), which represents about 60 percent of doctors in private practice. Over the past 16 years, according to the PIAA, 41 percent of breast-cancer claims were successful—and the number of claims seem to be increasing.

In 2002, 450 claims were paid involving the delayed diagnosis of breast cancer. Of those, 74 percent were made by premenopausal women or those approaching menopause. More than one-third involved women under 40, who make up less than 5 percent of invasive breast-cancer cases. Younger women may make more claims because they tend to have denser breast tissue, which is harder to interpret on mammograms. And they may win those claims, says Dr. Berlin, because of jury sympathy for their youth.

"Women believe if their cancer wasn't detected by mammography, it must be malpractice," says Dr. Kopans. "But lesions are going to be overlooked periodically by skilled physicians because they can't avoid it. Mammography is not perfect. My blood pressure goes up every time I look at a mammogram. You don't want to miss anything."

There's a physiological CONTINUED

Help for the Uninsured

Shirley Bishop had been getting regular mammograms since her mid-20s, after a maternal aunt died of breast cancer. In 1996, at age 41, she quit her job to go back to school to earn her bachelor's degree at California State University, Los Angeles, where she lived. Because she'd lost her health-insurance coverage, she got her next mammogram at a community clinic. After the test, "they asked me to get a copy of the last mammogram that I had (for comparison purposes) and bring it back to them." She provided the film but never heard from the clinic again, either to discuss any findings or to schedule a recall visit. Three years lapsed. Since Bishop had no symptoms, such as feeling a lump, and had had mammograms "for all those years," she didn't feel any urgency about getting screened in the interim.

In 2001, when she had health insurance again, Bishop scheduled the long-neglected test. "My doctor's office called me and said that they saw something that looked suspicious," she explains. "So they did another mammogram, then a biopsy." The results: She had an advanced-stage tumor.

Bishop underwent lumpectomy to remove the cancer, followed by three months of chemotherapy and several months of radiation treatments. "This whole process can take a year or more out of your life," says Bishop, who's feeling healthy these days. "In retrospect, of course, I should have done whatever was necessary to continue to get mammograms."

Not surprisingly, women without health insurance are less likely to get mammograms than those who have insurance; a mammogram costs around $100, depending on where they live. Uninsured women are also more likely to be diagnosed with breast cancer at an advanced stage and are 30 to 50 percent more likely to die of their disease than women with private insurance, according to a 2002 Institute of Medicine report.

This is particularly frustrating to public-health officials such as Susan True, director of the National Breast and Cervical Cancer Early Detection Program at the Centers for Disease Control and Prevention. The national program provides free mammograms to some low-income women between the ages of 40 and 64 (a family of three making about $39,000 would qualify), but most eligible women don't know about this option. "We are the safety net for women who otherwise would fall through the cracks," says True. "Many of our patients are working women who don't have discretionary income for preventive care."

The program serves between 450,000 and 500,000 women a year, "about 15 percent of the 3 million we believe are eligible for this service," says True. She'd love to reach more women but says, "right now, with the funding we have, we're not able to expand services." For more information, call 888-842-6355, option 7; or try *www.cdc.gov/cancer/nbccedp/contactlist.htm*.

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reason why cancers are not easily detectable by mammograms. "If you're a radiologist and you look at a chest X-ray, one person's lungs look pretty much like another person's," explains David C. Levin, M.D., a professor of radiology at Thomas Jefferson University Hospital, in Philadelphia. "And one brain looks pretty much like any other brain. The problem with mammography is that one woman's breasts look different than everyone else's. There's tremendous variability in the amount of glandular tissue and breast fat. That's one reason mammography is so difficult."

Indeed, "mammography is an art as well as a science," Dr. Sharp, the Jacksonville, Florida, radiologist noted in testimony in favor of tort reform before her state legislature. "Studies show that all radiologists, no matter how skilled, will periodically fail to see a clinically important abnormality. Investigators have shown that as many as 70 percent of cancers are visible, in retrospect, on an earlier exam. Given this reality, the periodic failure to perceive a subtle abnormality is expected and should not be considered negligence." This means, she adds, "that in up to 70 percent of breast-cancer cases, a trial attorney could dig up an expert to say that a lesion was missed a year or more earlier and come away with a six-figure settlement check."

Studies show that all radiologists will periodically miss important breast abnormalities

THE PRICE WOMEN PAY

If you think radiologists' problems don't affect you, you're wrong. "The threat of malpractice not only affects how I practice, it affects my relationships with my patients," says Dr. Dershaw, who has been sued twice in his 22 years of practice. "You start to think of them as being adversarial. Last week I had a patient say to me, as she was signing a consent form to do a biopsy, 'This doesn't mean I can't sue you, does it?' "

Malpractice fears also lead to the practice of more defensive medicine. The IOM, for instance, reports that biopsy rates go up partially in tandem with a radiologist's perceived risk of being sued. "A doctor may think, 'This is probably nothing,' but he or she is not going to take a chance on that," says James P. Borgstede, M.D., a radiologist in Colorado Springs and chairman of the board of chancellors of the American College of Radiology, in Reston, Virginia. "You're going to bring the woman back in and take one more picture—and, perhaps, do a biopsy, just to be sure."

The crisis in mammography may also directly threaten women's health. When a radiologist left Thomas Jefferson University Hospital, and the hospital was unable to fill her position, "we had to cut down on the number of patients we scheduled each day, from more than 100 to about 80, even though we had backlogs," says Dr. Levin, former chairman of radiology there. "We had a six-month wait for people to get screening mammography."

Appointment delays for diagnostic mammograms are even more worrisome. At Memorial Sloan-Kettering, "If you call with a lump or a history of breast cancer, the usual wait is four months," says Dr. Dershaw. Facilities in Jacksonville, Florida, had a three-month waiting list for diagnostic mammograms. "You never want to delay diagnosis that long," says Dr. Sharp. "We stopped doing screening mammograms for one month so we could get the wait for diagnostic mammograms down to six weeks." But waiting time may be even longer if more facilities close. In Jacksonville, for example, four breast centers closed last year because of financial problems, and two major hospitals discontinued mammography services. "The administrator can say, 'Why should I continue to do this? It's losing money; we're getting sued,' " Dr. Dershaw says.

Unless drastic measures are taken, the best women can expect is increasingly poor service. Dr. Sharp says her hospital recently replaced two older mammography machines with expensive new machines—"but without the mammographers to increase the facility's productivity. Almost everything we do is just like putting a Band-Aid on a huge sore."

Dr. Dershaw sounds a more ominous note: "Women should know that something they take for granted as part of their routine medical care and that saves thousands and thousands of lives a year, not to mention tens of thousands of breasts, may not be available for them anymore."

Part 2, coming in November: Your action plan for breast-cancer prevention and diagnosis

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- if you have liver problems.
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- EMEND may be taken with or without food.
- Do not start taking EMEND if you already have nausea and vomiting. Ask your doctor what to do.
- If you take too much EMEND, call your doctor, local emergency room or poison control center right away.

What are the possible side effects of EMEND?

The most common side effects with EMEND are:

- tiredness
- nausea
- hiccups
- constipation
- diarrhea
- loss of appetite

These are not all of the possible side effects of EMEND. For further information ask your doctor or pharmacist. Talk to your doctor about any side effect that bothers you.

General information about the use of EMEND

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use EMEND for a condition for which it was not prescribed. Do not give EMEND to other people, even if they have the same symptoms you have. It may harm them. Keep EMEND and all medicines out of the reach of children.

This leaflet summarizes the most important information about EMEND. If you would like to know more information, talk with your doctor. You can ask your doctor or pharmacist for information about EMEND that is written for health professionals.

What are the ingredients in EMEND?

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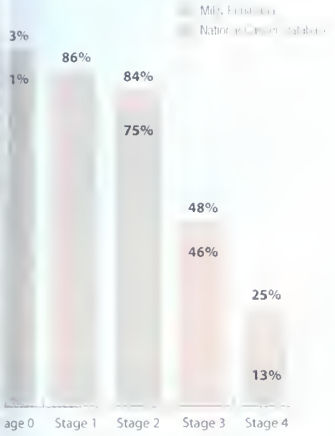
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st radiologist

ed her medical degree at Harvard Medical School sachusetts following undergraduate work at Brown sity in Rhode Island. Completed fellowships in body g and mammography and a residency in radiology nford University Hospital. Dr. Borofsky has lectured ublished on a variety of topics including new ologies in early detection and diagnosis of breast r, diagnostic breast imaging and advances in core e biopsy. As medical director of breast imaging, developing a breast MRI program and leading ansition to digital mammography at Mills Peninsula

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Have a Chocolate Party!

[redacted]







PHOTOGRAPHS BY KRISTEN STRECKER PROP STYLING BY BETTE BLAU
RECIPES AND FOOD STYLING BY LORI POWELL TEXT BY DOMINIQUE ANDREWS



There's something for everyone: A mix of truffles, filled bonbons and chocolate bars with nuts round out the tasting selections

Chocolate satisfies not only the sweet tooth but also the soul. We reach for it when we crave something rich and decadent, and we offer it to others to express friendship and love. Increasingly popular, chocolate-tasting parties let you share your passion for chocolate with friends. To be sure that your guests enjoy all of the complex flavors and textures of chocolate's many varieties, sample different forms, from bar to baked.

For the evening's main tasting, choose plain chocolates, without nuts or filling. We recommend starting with three different bars—milk chocolate, semisweet and bittersweet—from three different manufacturers. For easy eating, cut each chocolate bar into thin slices with a serrated knife (so they melt easily in the mouth) and arrange in small white bowls that show off their deep, dark color.

What makes for the different flavors of chocolate is the amount and type of chocolate liquor it contains. This isn't an actual liquor but the liquid that is formed when you grind the meat of cocoa beans. Milk chocolate generally has the least chocolate liquor (a minimum of 10 percent), which, when combined with the fact that it has more milk, makes it sweeter than either semisweet or bittersweet chocolate. Semisweet and bittersweet's chocolate liquor contents start at 35 percent and can go as high as double that. The higher the percentage of liquor, the stronger the chocolate flavor.

If you'd like to provide a little extra stimulation for the taste buds, have a selection of filled chocolate candies and truffles, too. Save these treats for your guests to enjoy after the actual tasting, as the flavors of the fillings may muddle their palates. You may also want to consider serving a dish that highlights the taste of cooked CONTINUED

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Creamy Hot Artichoke Dip

1 can (14 oz.) artichoke hearts, drained and chopped
1 cup Best Foods® Mayonnaise
1 cup grated Parmesan cheese
1 clove garlic, finely chopped
Combine all ingredients.
Bake uncovered at 350°,
25 minutes or until heated through.



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HOW TO TASTE TEST

The pleasures of chocolate are personal and plentiful, but in a chocolate tasting, you are trying to evaluate each offering's specific characteristics—just as in a wine tasting. Start with the lightest chocolate, such as milk; a stronger chocolate will overpower your taste buds. Before you chew, let the chocolate melt on your tongue so you really get the flavor. Jacques Torres, owner of Jacques Torres Chocolate and Jacques Torres Chocolate Haven, in New York City, suggests you concentrate on the following:

Aroma: Enjoy identifying the subflavors. Sniff for hints of cherry, berries, caramel, pineapple.

Mouth feel: Chocolate should be smooth as it coats your mouth.

Texture: Chocolate ought to have a crisp snap when you bite into it.

Flavor: Is it well balanced, with no one flavor overwhelming any other flavor?

Aftertaste: Which flavors stay on your taste buds?



Indulgent Hot Chocolate and Mini Pain au Chocolat (above)

chocolate, since the flavor changes as you go from bar to baked (less intense) to liquid (most intense). We offer two suggestions, Mini Pain au Chocolat, below, and Hot Chocolate, on page 190. Cleanse your palate between tastes with water, or try a warm beverage, such as green tea, which will uncoat the fat from your taste buds. No coffee, though; it's too strong. Then, enjoy the luscious chocolate and the company of friends.

Mini Pain au Chocolat

Makes 18 pastries **Prep time:** 5 min **Total time:** 1 hr

Kitchen cue: Make sure you seal the long seam of pastry with egg yolk to prevent it from opening while baking.

1 puff pastry sheet from a 17.3-oz box
2¾ oz bittersweet (not unsweetened) or milk chocolate, cut into eighteen 2- by ½-inch pieces
1 large egg yolk beaten with 1 teaspoon water
Confectioners' sugar for dusting

◆ Preheat oven to 450°F. and butter 1 large baking sheet.

◆ Carefully unfold pastry sheet and roll out on a lightly floured surface with a floured rolling pin to form a 12½-inch square. Trim edges of pastry with a pizza cutter or sharp knife to form a 12-inch square. Cut pastry into three 4-inch strips. Cut strips crosswise to make eighteen 2- by 4-inch rectangles. Working with 1 rectangle at a time, brush top with egg wash and place 1 piece

CREAM OF THE CROP

Each of the following brands offers a wide line of chocolates. Let their labels guide you:

Ghirardelli (800-877-9338 or *www.ghirardelli.com*): an American classic chocolatier since 1852

Lindt & Sprüngli (800-338-0839 or *www.lindtusa.com*): known for distinctively smooth chocolates

Scharffen Berger (800-930-4528 or *www.scharffenberger.com*): Its 5-gram squares are perfect for tastings

Valrhona (*www.valrhona.com*): an aromatic line of French chocolates

For truffles and other goodies, here are some we recommend:

Green Mountain Chocolates (800-886-1249 or *www.greenmountainchocolate.com*)

La Maison du Chocolat (877-740-5632 or *www.lamaisondu chocolat.com*)

Teuscher (212-246-4416 or *www.teuscher.com*)

Jacques Torres Chocolate (718-875-9772 or *www.mrchocolate.com*)



Use a clean knife every time you cut a different chocolate

of chocolate 1 inch from short end of rectangle and roll up pastry over chocolate to encase chocolate and form a log. Press edge of pastry to seal, leaving ends of log open, and arrange pastry seam sides down on baking sheet. Brush tops of pastry with some of egg wash. Repeat with remaining pastry and chocolate in same manner, and freeze pastry on baking sheet until firm, about 10 minutes.

◆ Bake pastries in middle of oven until puffed and golden brown on top, about 10 minutes (don't worry if some chocolate leaks out). Transfer with a metal spatula to wire racks to cool. Dust tops of pastries with confectioners' sugar.

Per serving: 95 calories, 6.5 g total fat, 1.5 g sat fat, 31 mg sodium, 8 g carbs, 6 mg calcium, 24 mg chol, 1 g protein, 0 fiber

Hot Chocolate

Makes 6 **Prep time:** 5 min **Total time:** 10 min

Kitchen cue: We made this hot chocolate with water instead of heavy cream or half-and-half so that you could really taste the chocolate and the flavor wasn't obscured by dairy.

8 oz bittersweet (not unsweetened) or milk chocolate, chopped

◆ Melt chocolate in a metal bowl over a medium saucepan of simmering water, stirring, until smooth. Remove bowl from heat and whisk in 1½ cups of hot water until smooth. Transfer mixture to an empty saucepan and heat until hot.

◆ Pour hot chocolate into small, heat-proof glasses.

Per serving: 185 calories, 13 g total fat, 7 g sat fat, 0 sodium, 21 g carbs, 18 mg calcium, 0 chol, 3 g protein, 1 g fiber

YOUR WINE AND DINE GUIDE

Choose flavors that complement your chocolates, such as rich, fruity reds or dessert wines, which have their own special sweetness. Here, our recommendations:

R.H. Phillips 2000 EXP Estate Bottled Syrah, California, $15
This smooth red has natural blackberry, cherry and spice flavors.

Ravenswood 2001 Vintners Blend Zinfandel, California, $12
A fruity red that will not overpower the flavors of your chosen chocolate.

Les Clos de Paulilles 2002 Banyuls Rimage, France, $20
A rich, flavorful dessert wine traditionally matched with chocolate.

Sonoma Valley Portworks DECO Port, California, $18
Made with real chocolate, this port is pure decadence.

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1 box. 3 meal ideas. 30 minutes.

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Cheeseburger Mac

Prep: 5 min. Cook: 20 min.

ground beef
cup milk
cup ketchup
g. (12 oz.) VELVEETA® Shells & Cheese Dinner
dium tomato, chopped (optional)
cup green onion slices (optional)

ROWN meat in skillet; drain.
DD 1-1/4 cups water, milk and ketchup. Bring
oil. Stir in Shell Macaroni; return to boil. Reduce
to medium-low; cover. Simmer 10 minutes or
l macaroni is tender.
DD Cheese Sauce, tomato and onions; stir until
blended. Makes 4 Servings.

Deep-Dish Pizza Casserole

Prep: 10 min. Cook: 20 min.

1 pkg. (12 oz.) VELVEETA® Shells & Cheese Dinner
1 lb. ground beef
1 medium green pepper, chopped
1 small onion, chopped
1 can (8 oz.) pizza sauce
1/2 cup KRAFT® Shredded Low-Moisture Part-Skim Mozzarella Cheese

1. PREPARE Dinner as directed on package. Meanwhile, brown meat with green pepper and onion in skillet; drain. Stir in pizza sauce.
2. SPOON prepared Dinner into a 2-quart baking dish; top with meat mixture. Sprinkle with cheese. Cover skillet.
3. BAKE at 375°F for 20 min. or until heated. Makes 4 Servings.

Bacon & Tomato Shells

Prep: 5 min. Cook: 15 min.

1 pkg. (12 oz.) VELVEETA® Shells & Cheese Dinner
1/4 cup OSCAR MAYER® Real Bacon Bits
1 tomato, chopped

1. PREPARE Dinner as directed on package.
2. ADD 1/4 cup OSCAR MAYER® Real Bacon Bits and 1 chopped tomato along with Cheese Sauce.
Stir ingredients until well blended.
Makes 4 Servings.

KRAFT kraftcooking.com



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Pumpkin Pecan Pancakes With Roasted Pears

broth mixture in same manner while maintaining a simmer and letting each addition of liquid be completely absorbed before adding the next. Cook risotto, stirring constantly, until rice is tender and looks creamy but is still al dente, about 20 minutes. Stir in pumpkin and grated cheese and cook until heated through, about 1 minute.

◆ Immediately serve risotto in bowls and garnish with parmesan shavings and sage leaves.

Per serving: 385 calories, 11.5 g total fat, 6.5 g sat fat, 547 mg sodium, 61 g carbs, 163 mg calcium, 26 mg chol, 10 g protein, 6 g fiber

Pumpkin Pecan Pancakes With Roasted Pears

SERVES 4; MAKES 16 PANCAKES

Prep time: 20 min **Total time:** 55 min

Kitchen cue: We served our pancakes with the traditional warm maple syrup, but honey would be equally delicious.

- 3 firm, ripe Bosc pears, halved lengthwise, cored and cut into lengthwise wedges
- 4 tablespoons unsalted butter, melted, plus additional for greasing skillet
- 4 tablespoons packed light brown sugar
- 1½ cups all-purpose flour
- 1½ teaspoons baking powder
- ½ teaspoon baking soda
- ¾ teaspoon ground allspice
- ½ teaspoon cinnamon
- ½ teaspoon salt plus additional for pears
- 1 cup milk
- 1 cup canned pumpkin
- 2 large eggs
- ½ teaspoon vanilla extract
- ½ cup chopped toasted pecans plus ¼ cup toasted pecan halves

◆ Preheat oven to 425°F. Toss pears on a sheet pan with 1 tablespoon butter and 1 tablespoon sugar and season with salt to taste. Roast pears in middle of oven, stirring occasionally, until golden brown and tender, about 20 minutes. Keep pears warm in turned-off oven while cooking pancakes.

◆ Meanwhile, whisk together flour, remaining 3 tablespoons sugar, baking powder, baking soda, allspice, cinnamon and salt in a medium bowl. In another bowl whisk together milk, pumpkin, eggs, vanilla and remaining 3 tablespoons butter. Whisk pumpkin mixture into flour mixture until just combined. Stir in chopped pecans until just combined. Brush a large nonstick skillet with some additional butter to create a thin film and heat over moderate heat until hot but not smoking. Working in batches of 4, spoon ¼ cup of batter per pancake onto hot skillet and cook until undersides are golden brown, about 2 minutes. Flip pancake over with a spatula and continue to cook until just cooked through, about 2 minutes. Keep warm in oven while making remaining pancakes in same manner.

◆ Serve pancakes topped with pears, pecan halves and warm maple syrup.

Per serving (without maple syrup): 665 calories, 34.5 g total fat, 13 g sat fat, 702 mg sodium, 81 g carbs, 252 mg calcium, 156 mg chol, 13 g protein, 7 g fiber

CONTINUED

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Roasted Pumpkin and Red Onion Salad

Roasted Pumpkin and Red Onion Salad

SERVES 4

Prep time: 20 min **Total time:** 1 hr 15 min

Kitchen cue: Don't be put off by cooking with fresh pumpkin. Look for pumpkins that are blemish-free and heavy for their size. Leaving the skin on the pumpkin while roasting it not only makes the job easier but also holds the pumpkin together. We love the taste of dark, rich pumpkin-seed oil, but a good substitute would be walnut or olive oil.

- 2 red onions, halved lengthwise and cut into wedges
- Small 2-lb pumpkin, halved crosswise, seeded, and each half cut lengthwise into 2-inch wedges
- 2 tablespoons olive oil
- 2 teaspoons Dijon mustard
- 2 tablespoons sherry or red wine vinegar
- 2 tablespoons pumpkin-seed or olive oil
- 2 cups baby spinach
- 2 cups baby romaine leaves or torn regular romaine
- ¼ cup crumbled blue cheese
- ¼ cup hulled raw pumpkin seeds, toasted and lightly salted, optional

◆ Preheat oven to 400°F. Toss onion and pumpkin wedges on a sheet pan with olive oil and salt and pepper to taste. Roast vegetables in middle of oven, stirring occasionally, until golden brown and tender, about 40 minutes. Keep warm in turned-off oven while making vinaigrette.

◆ Whisk together mustard and vinegar and add pumpkin-seed oil in a slow stream until thickened and emulsified. Season vinaigrette with salt and pepper to taste.

◆ Gently toss together spinach and romaine leaves with just enough dressing to coat. Arrange salad on serving plates with vegetables on the side and sprinkle with crumbled blue cheese and pumpkin seeds (if using). Drizzle remaining dressing over salad and vegetables.

Per serving: 340 calories, 24.5 g total fat, 5 g sat fat, 247 mg sodium, 26 g carbs, 140 mg calcium, 6 mg chol, 10 g protein, 4 g fiber

Pumpkin Ravioli

SERVES 4; MAKES 18

Prep time: 20 min **Total time:** 1 hr 15 min

Kitchen cue: Won ton wrappers make a surprisingly easy alternative to pasta dough. They are usually found in the dairy section of the supermarket.

- 3 tablespoons plus 1 teaspoon unsalted butter
- ½ cup finely chopped onion
- 1 large garlic clove, finely chopped
- ½ cup hazelnuts, toasted lightly and skinned
- 1½ tablespoons chopped, fresh rosemary
- 1 cup canned pumpkin
- ¼ cup finely grated Parmigiano-Reggiano cheese plus additional for garnish
- 18 won ton wrappers, thawed if frozen
- 1 lb broccoli rabe, trimmed
- Lemon wedges

◆ Heat 1 teaspoon butter CONTINUED



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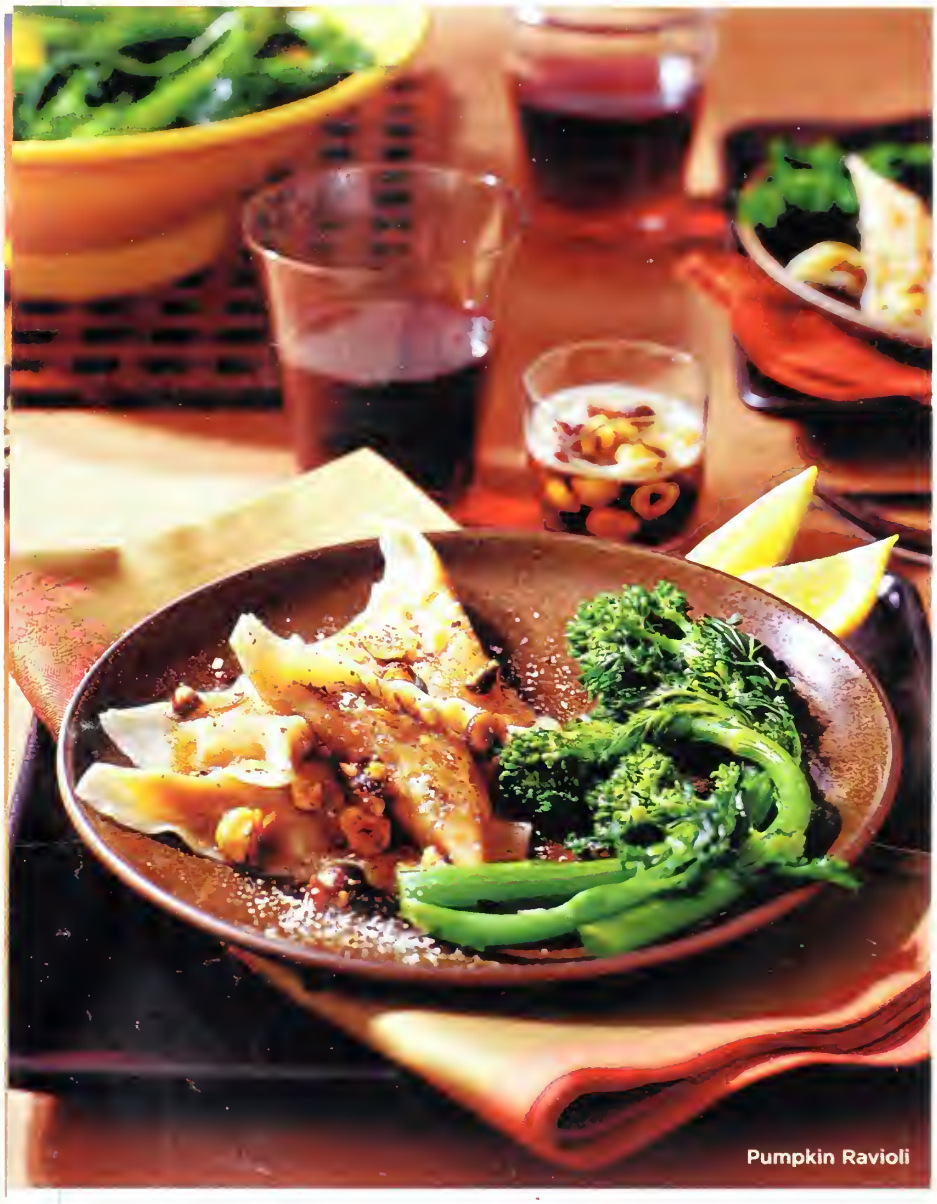
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Pumpkin Ravioli

in a small skillet over moderate heat until melted and cook onion and garlic, stirring until onion is softened, about 3 minutes.

◆ Pulse together ¼ cup nuts and rosemary in a food processor until nuts are finely ground. Add pumpkin, cheese and onion mixture and pulse until just combined. Transfer filling to a small bowl and season with pepper.

◆ Working with 2 won ton wrappers at a time, top each with a rounded tablespoon of filling in center. Brush 2 edges of won ton with a little water and bring up 1 side of wrapper to meet the other side to form a triangle, pressing down around filling to force out any air and to seal edges well. Transfer to a dry kitchen towel and repeat with remaining won ton wrappers and filling in same manner.

◆ Cook broccoli rabe in an 8-quart pot of boiling salted water until just tender, about 3 minutes. Transfer broccoli with tongs to a bowl, reserving water in pot. Keep warm, covered.

◆ Meanwhile, coarsely chop remaining ¼ cup hazelnuts. Melt remaining 3 tablespoons butter in a small skillet over moderate heat, add remaining hazelnuts and cook, stirring, until butter begins to brown on bottom of pan (do not allow to burn), about 2 minutes. Remove pan from heat and keep warm, covered.

◆ Bring water back to a boil and cook ravioli (keep water at a low boil to prevent ravioli from breaking), gently stirring occasionally, until just tender, 2½ minutes.

◆ Serve ravioli and broccoli rabe topped with hazelnut-browned butter and sprinkle with parmesan and fresh-ground black pepper to taste. Serve broccoli rabe with lemon wedges, and serve more hazelnut-browned butter on the side, if desired.

Per serving: 355 calories, 21 g total fat, 8 g sat fat, 285 mg sodium, 34 g carbs, 170 mg calcium, 34 mg chol, 11 g protein, 3 g fiber

MAKE IT KID FRIENDLY

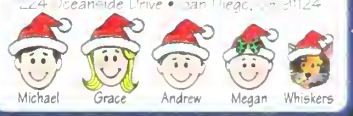
Tell your kids pumpkins are not just for carving jack-o'-lanterns. Pumpkin is a healthy food for the whole family, since it's packed with beta-carotene. Some of the other flavors in our recipes may be too strong for kids, but with a few fixes, you'll have them coming back for seconds.

* Substitute sliced bananas for pecans in the Pumpkin Pecan Pancakes With Roasted Pears.
* Swap the hazelnut-browned butter with your child's favorite store-bought tomato or pesto sauce for Pumpkin Ravioli and steam up a milder green vegetable, such as broccoli florets or peas.
* If your kids don't like roasted red onions, simply omit them from the Roasted Pumpkin and Red Onion Salad.

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"Who would have thought a stretch mark reducer would turn out to be the anti-wrinkle breakthrough of the decade!"

n a remarkable turn of events, arguably one of the strangest in the history of cosmetics,

en across the country are putting a stretch-mark ing emulsion called StriVectin-SD on their face to ish fine lines, wrinkles and crows' feet. And, if con- r sales are any indication of a product's effectiveness, ectin-SD is nothing short of a miracle. Women (as well growing number of "Boomer" men) are buying so StriVectin-SD that finding a tube at your local etic counter has become just about impossible. Has one gone mad? Well... not really.

entific Breakthrough or Dumb Luck?

though StriVectin-SD was already backed by clinical documenting its ability to visibly reduce the depth, h, discoloration and roughness of existing stretch s, the success of StriVectin-SD as an anti-wrinkle n was "dumb luck," says Gina Gay, spokesperson for -Becker, StriVectin-SD's exclusive distributor.

When we first handed out samples of the StriVectin ula to employees and customers as part of our market arch, the sample tubes were simply marked 'topical m' with the lot number underneath," Ms. Gay explains. the samples were passed to friends and family, the sage became a little muddled and some people used 'topical cream' as a facial moisturizer. As we began to ive feedback from users, like 'I look 10 years younger' 'my crows' feet are gone,' we knew we had something e than America's most effective stretch-mark reducer. point was driven home as store owners began rting that almost as many people were purchasing /ectin as an anti-wrinkle cream as were buying it to ice stretch marks."

r. Daniel B. Mowrey, Klein-Becker's Director of ntific Affairs, says, "Clearly, people were seeing results, we didn't have a scientific explanation as to why wrinkle-reduction was occurring. However, based the incredibly positive reports, I started using it elf — applying StriVectin to my face after shaving." Mowrey adds, "On a personal note, my wife tells me ven't looked this good in years."

Dumb Luck Strikes Again!

Then, on Tuesday, July 2, 2002, at a meeting of the 20th World Congress of Dermatology in Paris, France, a series of studies detailing the superior wrinkle-reducing properties of a patented oligo-peptide (called Pal-KTTKS) versus retinol, vitamin C, and placebo, on "photo-aged skin" was presented.[1] "As luck would have it," Dr. Mowrey states, "the wrinkle-reducing oligo-peptide tested in the breakthrough clinical trials turned out to be a key ingredient in the StriVectin cream."

In the trials, subjects applied the patented peptide solution to the crows' feet area on one side of the face, and a cream containing either retinol, vitamin C, or a placebo to the other side.

Subjects in the Pal-KTTKS/retinol study applied the cream once a day for 2 months and then twice a day for the next 2 months. Using special image analysis, the study's authors reported "significant improvement" in wrinkle depth, length, wrinkle volume, and skin roughness for those women using the peptide solution.

Better yet, at the 2-month halfway point, the peptide solution thickened skin nearly 1.5 times faster than retinol, and without the inflammation retinol often causes in sensitive skin. As was expected, the results of the remaining studies confirmed that the Pal-KTTKS solution's effectiveness at reducing the appearance of fine lines and wrinkles far exceeded both vitamin C and placebo.

A smoother, younger complexion, less irritation, fewer wrinkles, and faster results — all without expensive (and painful) peels, implants or injections.

Better than Retinol and Vitamin C, But Is StriVectin-SD® Better than Botox® Cosmetic?™

Dr. Nathalie Chevreau, Director of Women's Health at Salt Lake City based Basic Research, exclusive distributor for Klein-Becker, explains, "Many researchers believe less invasive cosmetic alternatives are better than Botox® [sometimes referred to as Botox® Cosmetic]. That's because topical creams and gels offer gradual, continual results, while the effects of injections, facial peels, and dermabrasions wear off... in fact, you'll never look better than you do shortly after the inflammation and redness subside. Not one bit better."

"Furthermore," Dr. Chevreau continues, "Botox has been approved by the FDA for an extremely limited use – the tiny little space of deep furrows between the eyebrows (called glabellar lines) — and can cause side effects such as 'headache, temporary eyelid droop, and nausea.' While StriVectin was not designed to eliminate the deep glabellar lines targeted by Botox, the proprietary StriVectin complex has been shown to significantly reduce the appearance of fine lines and facial wrinkles (including crows' feet) that can add 10-15 years to your appearance... the type of fine lines and wrinkles Botox treatments leave behind."

In other words, StriVectin-SD helps give you a youthful, healthy, glowing complexion faster than retinol, far superior to vitamin C, and without irritation, needles, or surgery.

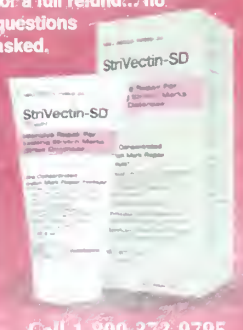
So, if you see someone applying an anti-stretch mark cream to their face, don't think they've gone off the deep end... they may be smarter than you think.

Having a hard time finding StriVectin-SD®?

If you've been searching for StriVectin-SD, you already know it's become almost impossible to find. Don't bother with Neiman Marcus, they don't have it... Your best bets are SEPHORA shops, PARISIAN, Lord & Taylor, bloomingdales or Saks 5th Avenue (they always try to keep it in stock) or, believe it or not, the pregnancy section of your local GNC or high-end supplement retailer. To be absolutely sure, you can order StriVectin-SD directly from Klein-Becker at:

1-800-373-9795
or order online at
www.StriVectin.com.

Since StriVectin-SD was designed as a stretch-mark reducing formula, it comes in a large, 6-ounce tube. At $135.00, StriVectin-SD is not cheap... but when used as a wrinkle-reducer, one tube will last approximately six months. By the way, StriVectin-SD is backed by Klein-Becker's money-back guarantee. If StriVectin-SD doesn't make your skin look younger, healthier, and more vibrant, simply return the unused portion within 30 days for a full refund... no questions asked.



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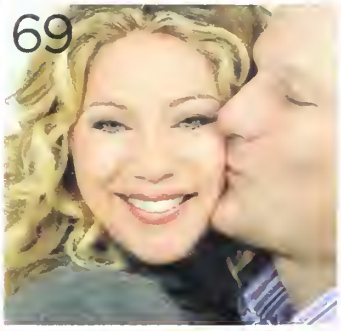
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welcome





Ladies' Home Journal's own fab five in the form of the Cernkovics. Here, photographer Jenny Acheson gets the Florida family in focus. See our story "Stepping Out in Style" on page 69 to pick up some pointers for your own clan

November is family time, in so many ways, and that's why I'm excited that in this issue I can share with you the winners of our Family Style Makeover contest—along with the results of their whirlwind beauty and fashion adventure!

The Cernkovics, of Tarpon Springs, Florida, are the family we anointed as our debut-year winners, plucked from the crate loads of mail we got after we asked you to enter to win a trip to New York City to be treated to flattering new hairstyles, wardrobes and skin-care regimens. Along with my Style SWAT team, as I came to call my beauty and fashion departments in this endeavor, we pored over the more than 700 entries we got from all over the country, replete with photos, rhyming couplets and confessions both plaintive and playful. In her entry, Alexandra Cernkovic told us that a makeover for her family would "really change our lives!" We believe in the power of a great new haircut and the right shade of lipstick, too, but we were glad we didn't change their lives *too* much, as they are a completely charming and warm family and we thoroughly enjoyed spending time with them. Alexandra's favorite read in *Ladies' Home Journal* is "Can This Marriage Be Saved?®" but happily her own 14-year marriage (to husband Milan) looked mighty healthy to us! In our studio, for instance, the attractive couple slow danced and nuzzled to our shoot music ("I Fall to Pieces"). As for their kids, on whom they doted, I encourage modeling agencies to sign them up right now!

A Great Gift Idea

It's getting to be that time of year again . . . you know: What gift to get everyone for the holidays? Here's a gift any woman on your list will thank you for—a subscription to *Ladies' Home Journal*, which every month delivers entertaining, touching, useful and even lifesaving information. Log on to www.lhj.com /subscribe or call 800-374-4545, option #1.



November is also Big Feast Month (meaning Thanksgiving), and I know you're going to devour our lovingly prepared 10-page extravaganza, presided over by Food and Entertaining Director Lori Powell, starting on page 169. Even if you're thrilled with your own family recipes (as many of us rightly are!), I encourage you to check out Lori's temptations, as they preserve the glory of the traditional flavors yet provide some subtle and surprising twists.

Finally, as we gather at our family dinner tables this month, let's give thanks for our men and women in the military, who are making such profound personal sacrifices in faithful service to their country. See "A Soldier's Sacrifice" on page 106, which honors their dedication.

Diane Salvatore

Diane Salvatore, Editor-in-Chief
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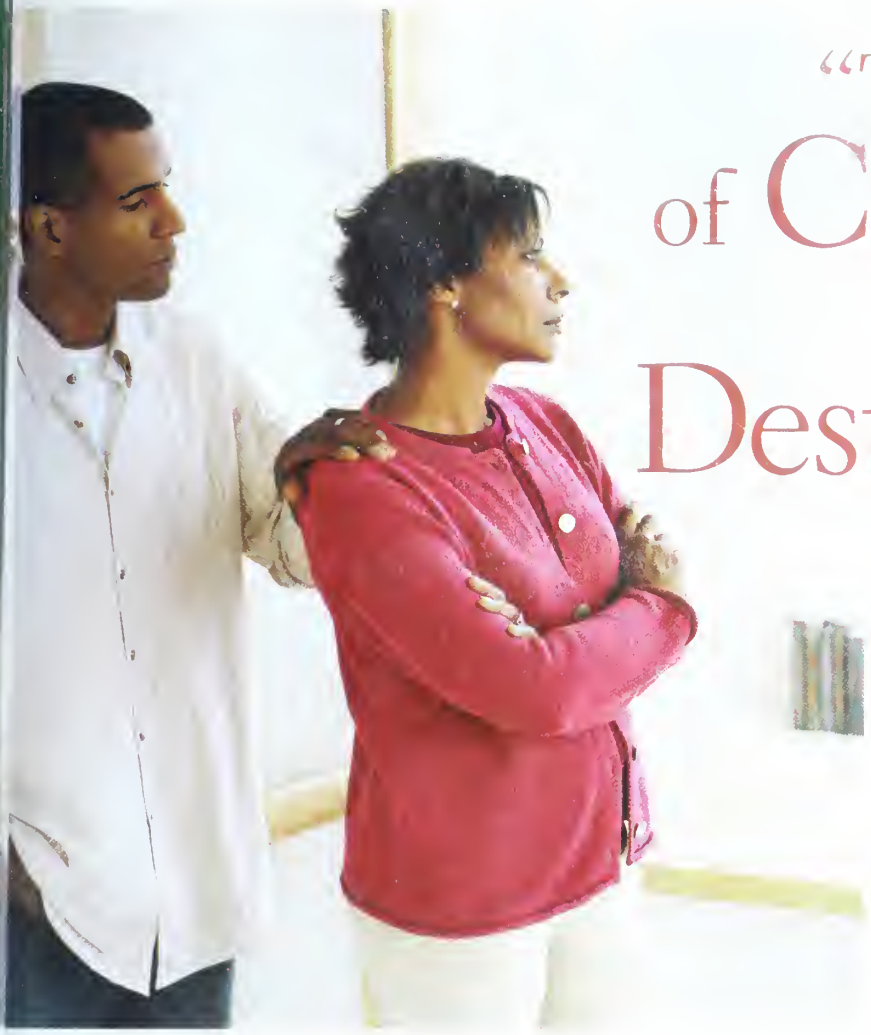
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can this marriage be saved?

"The Strain of Caring for Dad Is Destroying Us"



Claire's turn: "A year ago my father, who's 66, was diagnosed with Pick's disease, a form of Alzheimer's," said Claire, 46, a former TV producer who has been married to Tom for 19 years. Their daughter, Kelsey, is 17. "Tom and I decided to care for Dad at home. But our family life has disintegrated. We're both angry and overwhelmed. All we ever talk about is Dad. We never see friends or go to the theater—stuff we used to love—because someone has to be with Dad every minute. And the situation has brought out the worst in both of us. We've been having terrible arguments. Tom tends to hold on to complaints until he explodes. Then he withdraws and doesn't speak for days.

"I appreciate everything Tom has done for Dad. But—how can I say this?—I feel neglected. Tom takes care of Dad but forgets my birthday. I can't remember the last time we had a heart-to-heart talk. Lately I've been snapping at him, saying hurtful things.

"Until last year, my father lived in Boston near his stepson, John, who we thought was taking care of him. (My stepmother died four years ago.) But one night John called in a panic to say that Dad had been arrested for stealing a belt from a department store. Apparently he's been acting strange for nearly a year, filching Hershey's bars and key chains from the local candy store. Since the owner had known Dad for years, John was able to smooth over those incidents. This time, though, he'd been arrested and jailed. John begged us to help.

"The next day Tom and I drove from our home outside New York City to Boston. I was horrified to discover that my father had been living in squalor, with a tribe of street people he'd invited to camp out in his once-beautiful home. I hadn't seen him recently—not unusual in our family—but we'd speak every two weeks. He'd call at 6 A.M. and seem perfectly fine. We've always been early-morning people, so I didn't connect the dots.

"The man I knew was elegant and charismatic, a brilliant educator who either worked with or knew some of the most prominent public figures of our time. And now he couldn't scramble an egg. I couldn't CONTINUED

BY MARGERY D. ROSEN

believe John had let the situation deteriorate to such a state. We had a huge fight, Tom and I spent countless hours straightening out my dad's finances—and we no longer speak to John.

"After Tom and I got Dad out of jail, we took him to the doctor. Tests showed that he had this accelerated, early-onset form of Alzheimer's that tends to make sufferers more volatile. And no one could tell us whether we were facing two years or 20. What they did tell us was that Dad couldn't live alone. So we brought him home and moved him into our extra bedroom. It was the only way for us. Tom has clients in the health-care industry and he insists that even the best nursing homes are horrible.

"Dad's behavior is so erratic that he needs constant care. But he won't tolerate outside caregivers; we've run through several. We tried adult day care but were asked not to bring him back because he harassed other clients. So I had to quit a job I love to stay home with him. I told myself it was just a temporary detour, that I would resume my career as soon as the situation was under control. But who knows when, or if, that will happen?

"Dad gets up at 4 A.M., marches into our bedroom and insists we take him for a car ride. We return, I give him breakfast, and then he wants to go out again. He knows who we are but not what he is saying or doing. One day at a store, he opened a can of motor oil and started drinking it. We had to drag him screaming from the place. If I ask him to stay inside on a cold day, he'll call me vile names, push me aside and go out with no coat. Last week he shoved me so hard that I bruised my legs—a fact I didn't disclose to Tom.

"Kelsey has been wonderful, and in some ways her helping me with Dad has brought us closer. But she'll be off to college soon—I resent the time I've missed with my daughter because of my own filial obligations. Yet I feel guilty saying that, too!

"Before Dad got sick, Tom and I had a wonderful marriage. We met when we both worked for a daytime talk show in New York. I moved to the city from Baltimore when I was 18 for college; after graduation, I got a job at a TV station. The hours were long and the pressure intense, but I loved every minute. Tom was executive producer of a pilot the station was trying to sell. I had no intention of getting romantically involved with a colleague, but he was persistent. Finally I agreed to dinner.

"That was all it took; I fell madly in love with Tom's passion, intelligence and spirituality. We were married within six months. For a long time, life was good. But now the situation with my dad is tearing us apart."

> "Does she believe I *like* having my father-in-law underfoot?"

Tom's turn: "Last week Claire barked at me in a voice I've heard far too often in the past year," said Tom, 48, a public-relations executive with his own company. "I realize she's tense, so most of the time I let it pass. But this time she accused me of loving her father more than her. *That* hurt.

"I fell in love with Claire the first time I laid eyes on her—and that love has never wavered. Until this crisis, we could be together 24 hours a day, seven days a week. Now the air crackles with tension. The fact that she could question my feelings shows how far things have sunk. I've always told her that I consider her father my father, too, and that I'll do anything to ensure his comfort. But does she really believe I *like* having my father-in-law underfoot? That I *like* driving him around for hours to calm him down?

"I'm also shocked to hear that he's been abusive. Why didn't she tell me? Now I'm more reluctant than ever to leave her alone with him. But I don't know what to do. We hated having a caregiver live with us. Anyway, four have already quit on us. He was also kicked out of adult day care. That leaves long-term care as our only option. But we hate to go that route. I know a lot about nursing homes, none of it good.

"There seems to be no way to stop her father from consuming our lives. The stress is unbelievable. We never have quiet time in the evenings. We're never alone. I'm a gourmet cook, but I can't remember the last time I made a nice dinner. Everything that once brought us joy has fallen by the wayside. The only bright spot is the way Kelsey has met the challenge. She even told us, 'I'm glad I finally got the chance to know Granddad.' (Luckily, he's lucid every once in a while.)

"I realize my temper makes matters worse. I just don't know how to calm myself down. I'm also worried about money for the first time. Claire had to quit working, and I've lost several accounts because of all my time off. We've run through my father-in-law's money and much of our savings, too. A nursing home would eat up everything. What's more, the doctors tell us he could live for a few months, a year—or 10 years. We don't know when we'll get back to normal.

"I'm determined to CONTINUED


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make sure my father-in-law is comfortable for whatever time he has left on this earth. But I'm racked with doubt. Are we doing the right thing? Every day I worry that I'm failing."

The counselor's turn: "Few people are prepared for the legal, financial and emotional challenges involved in caring for an elderly parent," said the counselor. "Disappointment and unrealized expectations can chip away at even the strongest marriage. Claire and Tom were no exception.

"I reminded them that there is no right or wrong way to care for an aging parent. 'Every situation is different. But it's imperative that you check in with each other regularly and communicate your thoughts,' I said.

"I urged them to have a regular, weekly talk to handle small problems before they snowballed, which they now do every Sunday night. Tom promised to let Claire know when her tone is harsh, or if he is worried about business. To catch his frustration before it turns to anger, I taught him to tune in to his body's signals. He noticed that he clenches his jaw when he gets upset; by consciously taking a mental step away—by taking deep breaths or counting to 10—he can cool down instead of explode.

"They've also begun to pay attention to small things that can lighten the mood and keep them connected. Listening to music, taking 10 minutes to snuggle on the couch, even using their best dishes when they eat takeout pizza help Claire feel less neglected.

"Being specific about their needs enabled them to create a schedule that gave each of them short respites. For example, Claire loves going to thrift shops and flea markets, and she missed having time to sing with her church choir. Tom hoped to carve out two hours twice a week to go to the gym. By creating a schedule early in the week, they could look forward to these "time-outs." That made the daily grind easier to bear.

"A few months after starting therapy, Claire and Tom made an important decision. With their daughter away at college, they checked with their financial planner and decided it made sense to sell their home and move to Georgia, where Claire has family and housing costs are much lower. (This allowed them to buy a larger house with the windfall they got from selling the other one.)

"'I have my cousins' support here, and if Dad wanders into the backyard, at least the weather is warm,' Claire said. Although it took awhile, Tom figured out ways to run his company via computer, fax and cell phone, flying to New York as needed.

"'It's only a short flight,' he e-mailed me, 'and life here is so much calmer. Our fights are ancient history.' Although Claire was in favor of moving, she worried about how she'd adapt. 'I think of myself as a big-city girl,' she said. 'But I'm happy! I feel much less tense.' She enrolled in a weekly creative writing class—'it makes my brain feel alive'—and has become involved in the music program at their church.

"Recently Tom called with the sad news that Claire's father had passed away. He'd suffered several small strokes and spent a week in the hospital before dying there. Claire is now wrestling with her grief. 'I know we did our best for Dad, but I wonder if we could have done more.' I reassured her that such self-doubt is normal and would ease in time.

"Adjusting to their difficult situation was a challenge for this couple. And it never stopped being difficult. But they managed by working hard and learning to be patient.

"For now, the couple plan to stay in Georgia and take life a day at a time. 'You have to find joy in what you have,' Claire told me. 'In my case, that's a wonderful husband, a terrific daughter, a strong faith . . . and two new black Labrador puppies!' "

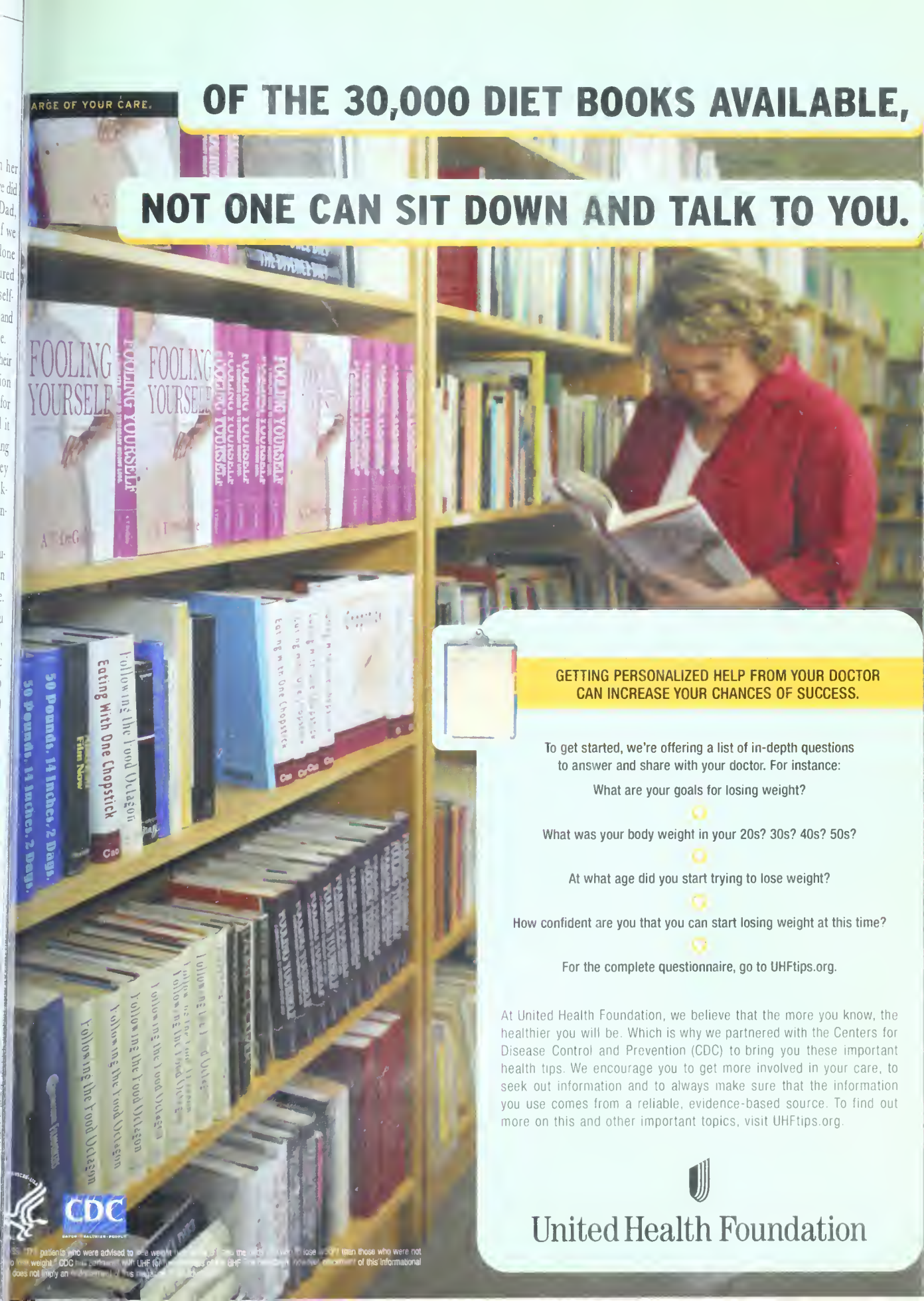
> "There's no right or wrong way to care for an aging parent"



"Can This Marriage Be Saved?®" is the most popular, most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Robin Newman (above), LCSW, a family psychotherapist in Huntington, New York. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?®" is a registered trademark of Meredith Corporation.

With whom do you sympathize more—Tom or Claire? Tell us at www.lhj.com/talkmarriage

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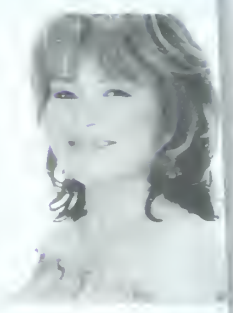
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He was a Navy reservist who was away for months on end. That made their reunions more rocky than romantic



Making a marriage work is never easy, but it's tougher still when you've been married seven years and your spouse is a Navy reservist who is called for active duty overseas every few months. But that's the kind of roller-coaster relationship Joanie and Richy Kleiner had. During the past three years, Richy was gone more than he was home, and his most recent tour, in the Persian Gulf, was 11 months long. With each deployment, the couple, who live in Florissant, Colorado, found it harder and harder to say good-bye, harder to be apart and harder to reconnect.

"I missed him terribly but managed to do what had to be done on my own," says Joanie, 54, a homemaker. "So I didn't appreciate his coming back and second-guessing my every decision."

A social worker by profession, Richy, 56, counseled fellow sailors but was perplexed at his own inability to get along with his wife. "As soon as I got home, we'd immediately step on each other verbally until we were so furious we stopped talking altogether." During his second tumultuous leave, the couple sought the help of Katherine Koselka Robredo, a therapist at the Front Range Institute, in Colorado Springs. The couple have now incorporated the lessons of counseling into their marriage.

Richy: Counseling opened our eyes to the fact that we were both scared—being on a ship in wartime is pretty grim—but didn't acknowledge it. Also, I didn't realize I was expecting my wife to follow orders in the way I was used to in the Navy.

Joanie: And I didn't realize how high-strung I had become. I'd been coping so well with practical stuff that when Richy was home, I'd fall apart.

Richy: The stress level for reservists is unbelievable. I put on a suit of emotional armor, but I should have discussed my feelings.

Joanie: Simply recognizing that was huge. Our therapist's husband had also been in the Navy, so she had a lot of additional insight.

Richy: She pointed out that we needed a chunk of time alone when I got home. So the last time, we went directly to a small bed-and-breakfast for three days. That really helped!

Joanie: She also gave us a piece of linoleum tile with a magnet on the back. Whenever I felt Richy wasn't listening, I'd grab the tile and say, "I have the floor." This allowed me to slow down and be less accusatory. Then he'd paraphrase what I said.

Richy: That structure helped me pay attention.

Joanie: Here's a perfect example: I love contra dancing, a form of folk dance similar to square dancing. In the past, I'd say I wanted to go and Richy would cut in and say "forget it." The other night, I took the tile and finished my thoughts.

Richy: She pointed out that I also enjoyed contra dancing and that my objection—that I wanted to dance with her, not other people—didn't hold water because couples can dance only with each other if they like. So we went . . .

Joanie: . . . and we *both* had a fabulous time!

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BY MARGERY D. ROSEN



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The Secret to Smart Sex Ed

Having the "sex talk" is as awkward for your children as it is for you. But help may be right in your living room, in the form of your older kids. According to new research from the University of Missouri-Columbia, open discussions between younger and older siblings usually result in more responsible attitudes toward sex.

A survey of more than 1,000 adolescents found that 73 percent of those who talked with their older brothers or sisters about sex believed they shouldn't have sex with their steadies. Only 58 percent of those who didn't have the sibling chats agreed. "Even if older siblings are themselves promiscuous, usually they promote a 'do what I say, not as I do' attitude," says study lead author Amanda Kolburn, Ph.D.

Siblings frequently turn to each other for advice, but don't think you're off the hook! Kids who discuss sex with siblings *and* parents had the most responsible views about sex

—Evita Nancy Torre

Getting Tough on TV Time

Tired of being your kids' TV time-limit enforcer? Pass off the policing to a time-control gadget.

These devices let you allot a fixed number of viewing hours to each child; the kids sign on and off when they want to watch, and the TV just turns off when their allowance is up.

Of three top-sellers, TV Allowance ($99) is easiest to set up and use. But it limits viewing only by the week, so a kid can blow a week's 15 hours in one day. Kids enjoy swiping their cards through the ATM-like Time-Scout Monitor ($90) but keeping tabs on the cards is a chore.

EyeTimer ($119), turns your home computer into a remote timer. It's the most versatile, but set-up is complicated. Whichever suits your family best, they'll all keep your child from becoming a couch potato—and you from being the bad guy.

—Bob Tedeschi

Elder Care for the Holidays

For those caring for elderly parents, the idea of a vacation is hardly relaxing: sun, sand and worrying if Mom is okay. Now assisted-living facilities have a solution: short-term stays.

At $70 to $200 a day, facilities providing short-term stays also offer seniors a trial run when considering a longer residence. And they allow people to recuperate from surgery in a monitored environment—and often in hotel-like digs with modern décor, in-room coffeemakers and live entertainment. "It's not your grandma's nursing home," says John Cincotta, director of sales and marketing at Emeritus Assisted Living.

Since new environments can be stressful, Emeritus has a buddy system to pair new guests with veterans and invites seniors to bring whatever they need to be comfortable, even pets.

So the next time you're eyeing a resort brochure, book that ticket. With plush surroundings, new friends and a multitude of dining choices, your mom may have a better vacation than you do. *—Stephanie Emma Pfeffer*

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The Online Scam That Can Leave You Bankrupt



The next time you're tempted to click on a link inside an e-mail from a familiar company, think of Jacquelyn Rhodes. The 32-year-old from Napa, California, responded to a seemingly innocent e-mail on behalf of her sister, who is disabled, and almost destroyed her sibling's credit record. And it could have been worse.

Early last year, Rhodes received a message from her sister's Internet service provider that requested her to update her credit card information. She clicked the link in the message and typed in her sister's Visa card number.

With that single click, Rhodes unwittingly sent a 17-year-old computer whiz full access to her sibling's Visa account, which had a $25,000 spending limit. The boy had created a Web page identical to the Internet service provider's billing center page, produced bogus e-mails and gone "phishing," as the new scam is known in online crime circles.

In the past 18 months, such phishing e-mails have reached the in-boxes of as many as 5 million online users. A few perpetrators have been convicted, but phishers stay ahead of investigators with ever more sophisticated scams.

"It's getting harder to tell they're fake," says David Jevans, chairman of the Anti-Phishing Working Group. Jevans's group has seen, on average, a 52-percent increase in attacks each month this year. Most involve e-mails sent to eBay users or the customers of major banks. One typical scam leads customers from an e-mail to the site of a well-known bank, where a pop-up window appears, asking for financial information. The site is real, but the pop-up comes from the scammers.

Depending on what phishers do with your information, they can derail your life—for years. People often don't know they've been attacked for 18 months—until they see their credit reports or receive an unexpected bill. That delay leaves time for a fraudster to open bank accounts, obtain credit cards or set up phone accounts in the victim's name.

Jacquelyn Rhodes and her sister were lucky: Her phisher was not very accomplished. He was tracked down before he charged a dime to the stolen card. Not everyone is so fortunate. Phishing and other forms of identity theft hit 10 million people in 2002 alone, costing them $5 billion. And even when perpetrators are caught, the damage to victims' finances and credit ratings can take years to undo.

How to Protect Yourself

- Never click on a link in an e-mail that requests financial or personal information. Telephone the company.
- Bear in mind that businesses rarely need updates. If you gave a company information once, it's got it.
- Don't respond to e-mail offers of merchandise at too-good-to-be-true prices. They're favorite hooks for phishers.
- If in doubt about an e-mail's authenticity, open a new browser window and type in the business's address. If the e-mail was legitimate, most companies will post a related announcement on the home page.

BY BOB TEDESCHI

WWW.LHJ.COM

counting carbs?



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craving crunch?



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No matter how you're eating, there's a great NEW LEAN CUISINE® for you

The Trials & Tribulations of Tradition

I have my kids to thank for dragging me kicking and screaming into the joys of holiday rituals



A vicious November wind tore through our screened porch and upended the plastic cooler as I stood over it with a steaming bucket of brine. "How did I get into this?" I wailed into the gale, knowing the answer full well: mother love and guilt. Cheered on by my tradition-hungry clan, I had set forth to brine a Thanksgiving turkey overnight to make it, as the recipe trumpeted, "memorably moist." Given the bird's heft, a cooler on the porch seemed ingenious—as long as it was bungee-corded against marauding raccoons. Alas, as I sought to steady that skittering vessel, there was a bit of ice and a bungee cord underfoot; I went down with the brine. Haloed in the warm light of the doorway, my boy, Sam, had a question: "Will there be mashed potatoes?"

My reply was not in the Thanksgiving spirit. But then I'd never considered myself a jolly traditionalist. Before I had a family of my own I wasn't so much a holiday humbug as a slacker; the spirit was willing—just don't ask me to deck the halls. Happily, the man I married was not from a tradition-steeped tribe. Of course, kids changed everything; they ought to package elf ears with nursing bras.

Given our own casual approach to seasonal ritual, my husband, Mark, and I were shocked to find we'd hatched a pair of natural-born holiday hounds in Sam, 14, and Lila, 12. From toddlerhood they've adored it all: fireworks and egg hunts, Halloween, summer solstice—even the Columbus Day Parade. Sam will abandon a music download at the most critical nanomoment to help me bring the Christmas ornaments down from the attic; we're not Jewish but he dives into friends' seders, Purim dances and bar mitzvahs with gusto. Above all, he adores Thanksgiving. Last year I found him lying on the couch hours before dinner in an aroma-induced swoon. "Just sniffing," he mumbled as I roused him. When I pointed out that he gets his dad's divinely lumpy mashed potatoes year-round, he confessed: "I don't understand it—but they really do taste best that one day. Maybe it's just the idea of Dad's potatoes. On Thanksgiving."

He had something there. Despite the larger cultural traditions, most holiday joys are deeply personal, burnished by memory and customized by tastes. We see differences even in our kids; if Sam is ecumenical in his celebrations, his sister is fairly orthodox, as we discovered early on. Lila was 3 when we attended a Christmas Eve service with a Nativity scene enacted by kids from Sam's school—and a braying, baaing complement of live beasts. All was well until a seventh-grade Madonna clutching a swaddled baby doll rode a donkey down the aisle. Lila rose to her full $2\frac{1}{2}$ feet and roared with indignation: "Hey! Baby Jesus is made of rubber!" On the way out of church, all the children received a single brass sleigh bell; Lila was looking for the sleigh, the reindeer team—the works.

She fumed all the way home, and I knew our holiday goose was cooked for years to come. This one was a stickler for absolute authenticity. Though it was Sam who first asked for "real" Christmas CONTINUED ON PAGE 36

BY GERRI HIRSHEY

To bend or not to bend?

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BEXTRA
valdecoxib tablets

One BEXTRA. Once a day. Powerful 24-hour relief.

Important Information. BEXTRA is not for everyone. Prescription BEXTRA should not be taken if you've had allergic reactions to certain drugs called sulfonamides, aspirin or other arthritis medicines or if you've had aspirin-sensitive asthma or are in late pregnancy. It is not recommended if you have advanced kidney disease. Tell your doctor if you have kidney or liver problems. In rare cases, serious stomach problems such as bleeding can occur without warning. Tell your doctor right away if you develop blisters in the mouth or a rash, as it can be a sign of a serious skin reaction that may be life threatening. If you experience other unusual symptoms while taking BEXTRA, tell your doctor immediately. The most common side effects are headache, abdominal pain, indigestion, upper respiratory infection, nausea and diarrhea.

BEXTRA is indicated for the relief of osteoarthritis and adult rheumatoid arthritis.

Please see accompanying important Product Information.

*Restrictions apply.

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BEXTRA®

valdecoxib tablets

INDICATIONS AND USAGE

For relief of the signs and symptoms of osteoarthritis and adult rheumatoid arthritis. 4.5 for treatment of primary dysmenorrhea.

CONTRAINDICATIONS

BEXTRA should not be given to patients who have demonstrated allergic-type reactions to sulfonamides; patients with known hypersensitivity to valdecoxib or those who have experienced asthma, urticaria or allergic-type reactions after taking aspirin or NSAIDs. Severe, sometimes fatal, anaphylactic-like reactions to NSAIDs are possible in such patients (see WARNINGS – Anaphylactoid Reactions and PRECAUTIONS – Pre-existing Asthma).

WARNINGS

Gastrointestinal (GI) Effects - Risk of GI Ulceration, Bleeding, and Perforation: Serious GI toxicity (bleeding, ulceration and perforation of the stomach, small intestine or large intestine) can occur at any time with or without warning symptoms in patients treated with NSAIDs. Minor GI problems such as dyspepsia are common and may also occur at any time during NSAID therapy. Therefore, physicians and patients should remain alert for ulceration and bleeding even in the absence of previous GI tract symptoms. Inform patients about the signs and symptoms of serious GI toxicity and the steps to take if they occur. Only 1 in 5 patients who develop a serious upper GI adverse event on NSAID therapy is symptomatic. Upper GI ulcers, gross bleeding or perforation caused by NSAIDs occur in about 1% of patients treated for 3 to 6 months, and 2-4% of patients treated for one year. These trends continue, thus increasing the likelihood of developing a serious GI event at some time during the course of therapy. However, even short-term therapy is not without risk. Prescribe NSAIDs with extreme caution in patients with a prior history of ulcer disease or GI bleeding. Most spontaneous reports of fatal GI events are in elderly or debilitated patients and therefore special care should be taken in treating this population. For high risk patients, consider alternate therapies that do not involve NSAIDs. Studies have shown that patients with a *prior history of peptic ulcer disease and or GI bleeding* and who use NSAIDs have a greater than 10-fold higher risk for developing a GI bleed than patients with neither of these risk factors. Pharmacoepidemiological studies have identified several other co-therapies or co-morbid conditions that may increase the risk for GI bleeding such as: treatment with oral corticosteroids, or anticoagulants, longer duration of NSAID therapy, smoking, alcoholism, older age and poor general health status.

Serious Skin Reactions: Serious skin reactions, including exfoliative dermatitis, Stevens-Johnson syndrome and toxic epidermal necrolysis, have been reported through postmarketing surveillance in patients receiving BEXTRA (see ADVERSE REACTIONS–Postmarketing Experience). Fatalities due to Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported. BEXTRA should be discontinued at the first appearance of skin rash or any other sign of hypersensitivity.

Anaphylactoid Reactions: In postmarketing experience, cases of hypersensitivity reactions (anaphylactic reactions and angioedema) have been reported in patients receiving BEXTRA (see ADVERSE REACTIONS–Postmarketing Experience). These cases have occurred in patients with and without a history of allergic-type reactions to sulfonamides (see CONTRAINDICATIONS). BEXTRA should not be given to patients with the aspirin triad. This symptom complex typically occurs in asthmatic patients who experience rhinitis with or without nasal polyps, or who exhibit severe, potentially fatal bronchospasm after taking aspirin or other NSAIDs (see CONTRAINDICATIONS and PRECAUTIONS–Pre-existing Asthma). Seek emergency help in cases where an anaphylactoid reaction occurs.

Advanced Renal Disease: Treatment with BEXTRA is not recommended in patients with advanced kidney disease but if it is used, close monitoring of the patient's kidney function is advisable.

Pregnancy: Avoid BEXTRA in late pregnancy because it may cause premature closure of the ductus arteriosus.

PRECAUTIONS

General: BEXTRA Tablets cannot be expected to substitute for corticosteroids or treat a patient with corticosteroid insufficiency. The pharmacological activity of valdecoxib in reducing fever and inflammation may diminish the utility of these diagnostic signs in detecting complications of presumed noninfectious, painful conditions.

Hepatic Effects: Borderline elevations of one or more liver tests may occur in up to 15% of patients taking NSAIDs, and notable elevations of ALT or AST (about three times the upper limit of normal) have been reported in approximately 1% of patients in clinical trials with NSAIDs. These lab abnormalities may or may not change with continuing therapy. Rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, liver necrosis and hepatic failure (some with fatal outcome) have been reported with NSAIDs. In clinical trials of valdecoxib the incidence of borderline (defined as 1.2 to 3.0-fold) elevations of liver tests was 8.0% for valdecoxib and 8.4% for placebo while approximately 0.3% of patient taking valdecoxib and 0.2% of patients taking placebo had notable (defined as greater than 3-fold) elevations of ALT or AST. A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be monitored carefully for evidence of the development of a more severe hepatic reaction while on therapy with BEXTRA. Discontinue BEXTRA if clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g. eosinophilia, rash).

Renal Effects: Long-term administration of NSAIDs has resulted in renal papillary necrosis and other renal injury. Renal toxicity has also been seen in patients in which renal prostaglandins have a compensatory role in the maintenance of renal perfusion. These patients may also cause a dose-dependent reduction in prostaglandin formation and secondarily in renal blood flow which may precipitate overt renal decompensation. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics and ACE inhibitors and the elderly. Discontinuation of NSAID therapy is usually followed by recovery to the pretreatment state. Use caution when initiating treatment with BEXTRA in patients with considerable dehydration. Rehydrate patients before initiating therapy with BEXTRA. Use caution in patients with pre-existing kidney disease (see WARNINGS – Advanced Renal Disease).

Hematological Effects: Anemia is sometimes seen in patients receiving NSAIDs, including BEXTRA. Patients on long-term treatment with NSAIDs should have their hemoglobin or hematocrit checked if they exhibit any signs or symptoms of anemia. BEXTRA does not affect platelet aggregation or bleeding time, but prothrombin time (PT) or partial thromboplastin time (PTT) may be prolonged. Monitor PT and platelet aggregation at indicated dosages.

Fluid Retention and Edema: Fluid retention and edema have been observed in some patients taking BEXTRA. Use BEXTRA with caution in patients with fluid retention or a history of heart failure.

Preexisting Asthma: Due to the potential for cross-reactivity, administer BEXTRA to patients with aspirin-sensitive asthma because of the risk of severe bronchospasm. Avoid BEXTRA in patients with aspirin sensitivity with caution in patients with preexisting asthma.

Information for Patients: Inform patients that BEXTRA, like other NSAIDs, may cause serious GI side effects. Inform patients that they should report any GI symptoms and be alert for the signs and symptoms of ulcerations and bleeding and seek medical advice/treatment if these be observed. Instruct patients to report any signs or symptoms of weight gain or edema to stop therapy and seek immediate medical attention if they experience any of these signs and symptoms of hepatic toxicity (e.g. nausea, fatigue, lethargy, diarrhea, pruritus, jaundice, right upper quadrant tenderness, and flu-like symptoms). Instruct patients to seek immediate medical attention in case of an anaphylactoid reaction. Inform patients that BEXTRA, like other NSAIDs, may cause premature closure of the ductus arteriosus.

Laboratory Tests: Physicians should monitor laboratory results as appropriate.

Drug Interactions: Pharmacokinetic studies with antacids and oral contraceptives have been performed with valdecoxib and have not revealed any clinically significant interactions. The effects of concomitant administration of valdecoxib and intravenous prodrug are reported in the section titled Drug Interactions. *General*: In human liver microsomal studies, valdecoxib has been shown to be primarily metabolized by CYP 3A4 and 2C9 with considerable contribution by other CYP isoforms. Coadministration of valdecoxib with ketoconazole, a potent inhibitor of CYP 3A4, increased valdecoxib steady-state plasma concentrations (AUC) approximately 2-fold. In vitro studies indicate that valdecoxib is a moderate inhibitor of CYP 2C9 (Ki = 9.5 µM) and CYP 3A4 (Ki = 30 µM). *Aspirin*: Concomitant administration of aspirin and BEXTRA increases the risk of GI ulceration and other complications compared to use of BEXTRA alone. Because BEXTRA lacks antiplatelet effects and does not affect bleeding time, it is not a substitute for aspirin for cardiovascular prophylaxis. In a parallel group study in healthy volunteers, administration of intravenous prodrug form of valdecoxib at 40 mg BID for 7 days did not affect platelet aggregation. *Methotrexate*: Valdecoxib 10 mg BID did not affect the steady-state pharmacokinetics of methotrexate in plasma exposure or renal clearance in methotrexate. *ACE-inhibitors*: Reports suggest that NSAIDs may diminish the antihypertensive effect of ACE inhibitors. This should be considered in patients taking BEXTRA concomitantly with ACE-inhibitors. *Furosemide*: Clinical studies as well as post-marketing observations have shown that NSAIDs can reduce the natriuretic effect of furosemide and thiazides in some patients. This has been attributed to inhibition of renal prostaglandin synthesis. *Anticonvulsants (Phenytoin)*: Steady-state plasma exposure (AUC) of valdecoxib and its CYP 3A4 mediated metabolite was decreased by 20% when coadministered with multiple doses 300 mg QD of the 2 days antiepileptic drug CYP 3A4 inducer. Patients already stabilized on valdecoxib may require dose adjustment if treatment with this drug is initiated or discontinued. Monitor patients for adequacy of therapy (e.g. symptom control with phenytoin) when initiating, adjusting, and discontinuing valdecoxib therapy. Additional pharmacokinetic studies with other anticonvulsants (e.g. carbamazepine) have not been conducted. Routine monitoring should be performed when therapy with BEXTRA is initiated or discontinued in patients on anticonvulsant therapy. *Dextromethorphan*: Dextromethorphan is primarily metabolized by CYP 2D6 and to a lesser extent 3A4. Coadministration with valdecoxib 40 mg BID for 7 days resulted in a significant increase in dextromethorphan plasma levels suggesting that at these doses valdecoxib has moderate inhibitory effect on CYP 2D6. Even at dextromethorphan plasma concentrations in the presence of quinidine, which were almost 5-fold lower than those seen in CYP 2D6 poor metabolizers, suggesting that dose adjustment is not necessary. *Lithium*: Valdecoxib 40 mg BID for 7 days produced significant increases in lithium serum clearance 25% and renal clearance 30% in 34 healthy volunteers compared to lithium alone. Lithium serum concentrations should be monitored closely when initiating or changing therapy with BEXTRA in patients receiving lithium. Valdecoxib 40 mg BID for 7 days had no effect on valdecoxib pharmacokinetics. *Warfarin*: The effect of valdecoxib on the anticoagulant effect of warfarin (1.5 mg/day) was studied in healthy subjects by coadministration of BEXTRA 40 mg BID for 7 days. Valdecoxib administration significant increase in plasma exposures of R-warfarin and S-warfarin (12 and 15%, respectively) and in the pharmacodynamic effects, prothrombin time measured as INR, in warfarin. While mean INR values were only slightly increased with coadministration of valdecoxib, the day-to-day variability in individual INR values was increased. Anti-coagulant therapy should be monitored particularly during the first few weeks after initiating therapy with BEXTRA in patients receiving warfarin or similar agents. *Fluconazole and Ketoconazole*: Valdecoxib and fluconazole are predominantly CYP 3A4 and 2C9 inhibitors, respectively. Coadministration of valdecoxib 20 mg with multiple doses of ketoconazole and fluconazole produced a significant increase in exposure of valdecoxib. Plasma exposure (AUC) of valdecoxib was increased 62% when coadministered with fluconazole and 38% when coadministered with ketoconazole. *Glyburide*: Glyburide is a CYP 2C9 substrate. Coadministration of valdecoxib 10 mg BID for 7 days with glyburide 5 mg QD for 10 mg BID did not affect the pharmacokinetics exposure of glyburide. Coadministration of valdecoxib 40 mg BID for 7 and 40 mg QD days 2-7 with glyburide 5 mg QD did not affect either the pharmacokinetic exposure of the pharmacodynamics blood glucose and insulin levels of glyburide. Coadministration of valdecoxib 40 mg BID for 7 and 40 mg QD days 2-7 with glyburide 10 mg glyburide BID resulted in a 21% increase in glyburide AUC and a 16% increase in glyburide C_{max} leading to a 16% decrease in glucose AUC. Insulin parameters were not affected. Because changes in glucose concentrations with valdecoxib coadministration were within the normal variability and individual glucose concentrations were above or near 70 mg/dL, dose adjustment for glyburide 5 mg QD and 10 mg BID with valdecoxib coadministration up to 40 mg QD is not indicated. Coadministration of glyburide with doses higher than 40 mg valdecoxib (e.g. 40 mg BID) has not been studied. *Omeprazole*: Omeprazole is a CYP 3A4 substrate and CYP 2C19 substrate and an inhibitor. Valdecoxib steady state plasma concentrations (40 mg BID were not affected significantly with multiple doses of omeprazole 40 mg QD. Coadministration with valdecoxib increased exposure of omeprazole AUC by 46%. Drugs whose absorption is sensitive to pH may be negatively impacted by concomitant administration of omeprazole and valdecoxib. However, because higher doses up to 360 mg QD of omeprazole are tolerated in Zollinger-Ellison SE patients no dose adjustment for omeprazole is recommended at current doses. Coadministration of valdecoxib with doses higher than 40 mg QD omeprazole has not been studied. *Oral Contraceptives*: Ortho-Novum 1/35 (norethindrone 1 mg/ethinyl estradiol 35 mcg) combination. Ortho-Novum 1/35 coadministration of valdecoxib and Ortho-Novum 1/35 increased the exposure of norethindrone and ethinyl estradiol 28% and 34%, respectively. Although there is some potential loss of contraceptive efficacy, the clinical significance of these increased exposures in terms of safety is not known. These increased exposures of norethindrone and ethinyl estradiol should be taken into consideration when selecting an oral contraceptive for women taking valdecoxib. *Diazepam*: Diazepam is a CYP 3A4 and CYP 2C19 substrate. Plasma exposure of diazepam (10 mg BID) was increased by 28% following administration of valdecoxib 40 mg BID for 12 days. The plasma exposure of valdecoxib 40 mg BID was not substantially increased following administration of diazepam 10 mg BID for 12 days. Although the magnitude of changes in diazepam plasma exposure when coadministered with valdecoxib were not sufficient to warrant dosage adjustments, patients may experience enhanced sedative side effects caused by the combination of diazepam and this drug. Patients should be cautioned against engaging in hazardous activities requiring complete mental alertness such as operating machinery or driving a motor vehicle.

Carcinogenesis, mutagenesis impairment of fertility: Valdecoxib was not carcinogenic in rats given oral doses equivalent to approximately 2 to 5 times human exposure at 20 mg QD as measured by the AUC. In mice given oral doses equivalent to approximately 0.6 to 2.4-fold human exposure at 20 mg QD as measured by the AUC, only two years valdecoxib was not carcinogenic. In the Ames test or a mutation assay in Chinese hamster ovary (CHO) cells, valdecoxib was not genotoxic. In a chromosome aberration assay in CHO cells or in an in vivo micronucleus test in mice, valdecoxib did not show these activities. In fertility and early embryonic development studies in rats, oral doses equivalent to approximately 3 to 5-fold human exposure at 20 mg QD as measured by the AUC in female rats and 2-fold in male rats produced increased pre- and post-implantation loss. Valdecoxib was not teratogenic in rats or rabbits at oral dose equivalent to approximately 2-fold human exposure at 20 mg QD as measured by the AUC. There are no adequate and well-controlled studies in pregnant women. Valdecoxib crosses the placenta in rats and rabbits. Valdecoxib should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Non-Teratogenic Effects: Valdecoxib caused increased pre- and post-implantation loss when administered to pregnant rats at oral dose equivalent to approximately 2-fold human exposure at 20 mg QD as measured by the AUC. Valdecoxib was not teratogenic in rats at oral dose equivalent to approximately 5-fold human exposure at 20 mg QD as measured by the AUC. Valdecoxib caused dystocia, prolonged gestation, and decreased neonatal body weight when rats were treated with oral doses equivalent to approximately 2-fold human exposure at 20 mg QD as measured by the AUC. No studies have been conducted to investigate teratogenesis and fertility in rats. No studies have been conducted to investigate the effects of valdecoxib on parturition in humans.

Teratogenic Effects: Pregnancy Category C. The incidence of fetuses with skeletal variations, primarily forelimb ulnar and hindlimb fibular skeletal was slightly increased in rabbits given oral doses equivalent to approximately 2-fold human exposures at 20 mg QD as measured by the AUC. In pregnant rats given oral doses equivalent to approximately 5-fold human exposures at 20 mg QD as measured by the AUC, valdecoxib was not teratogenic. In rats given oral doses equivalent to approximately 5-fold human exposures at 20 mg QD as measured by the AUC, valdecoxib was not teratogenic. In rats and rabbits given oral doses equivalent to approximately 2-fold human exposures at 20 mg QD as measured by the AUC, valdecoxib caused increased pre- and post-implantation loss. There are no adequate and well-controlled studies in pregnant women. Valdecoxib should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: It is not known whether valdecoxib is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when BEXTRA is administered to a nursing woman. Because of the potential for tumorigenicity shown for valdecoxib in animal studies, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness of BEXTRA in pediatric patients below the age of 18 years have not been established. *Geriatric Use*: Numerical differences between patients and younger patients

ADVERSE REACTIONS

Adverse events occurring in ≥2.0% in controlled arthritis trials of three months duration regardless of causality at doses of 10 mg (N=1214) and 20 mg (N=1358) per day: Hypertension (1.4%/2.2%), Back pain (1.8%/2.1%), Edema/peripheral edema (1.4%/2.1%), Infection (1.3%/2.2%), Flu syndrome (1.3%/2.2%), Accidental trauma (1.4%/2.1%), Dizziness (1.2%/2.2%), Abdominal pain (1.1%/1.9%), Abdominal pain (1.4%/2.2%), Diarrhea (1.5%/2.5%), Dyspepsia (1.8%/3.7%), Flatulence (2.2%/3.3%), Nausea (2.0%/2.1%), Vomiting (2.1%/2.5%), Upper respiratory tract infection (1.7%/1.7%), Rash (1.4%/2.1%). Similar patterns in patients receiving celecoxib 200 mg daily (1.9%) or patients receiving valdecoxib 10 mg daily and 6.7% of patients receiving placebo discontinued due to adverse events in pooled acute controlled clinical trials. In the seven controlled OA and RA studies, the following adverse events occurred in 2.0%/1.9% of patients treated with BEXTRA 10–20 mg daily, respectively: *Application site disorders*: Dermatitis. *Cardiovascular*: Arrhythmia, hypertension, tachycardia, angina pectoris, arrhythmia, cardiomyopathy, congestive heart failure, coronary artery disorder, heart murmur, hypotension. *Central, peripheral nervous system*: Cerebrovascular disorder, hypertonia, hypoesthesia, migraine, neuralgia, neuropathy, paresthesia, tremor, twitching, vertigo. *Endocrine*: Goiter. *Female reproductive*: Amenorrhea, dysmenorrhea, eumenorrhea, mastitis, menstrual disorder, metrorrhagia, menstrual bleeding, vaginal hemorrhage. *Gastrointestinal*: Abnormal stools, constipation, diverticulosis, dry mouth, duodenal ulcer, duodenitis, eructation, esophagitis, fecal incontinence, gastric ulcer, gastritis, gastroenteritis, gastroesophageal reflux, hematemesis, hematochezia, hemorrhoids, hemorrhoids bleeding, hernia, hiatal hernia, stomatitis, stool frequency, increased, tenesmus, tooth disorder. *General*: Allergy, aggravated, allergic reaction, asthenia, chest pain, chills, cyst, NOS, generalized face edema, fatigue, fever, hot flushes, malaise, pain, peripheral edema, peripheral pain. *Hearing and vestibular*: Ear abnormality, earache, tinnitus. *Heart rate and rhythm*: Bradycardia, palpitation, tachycardia. *Hemic*: Anemia. *Liver and biliary system*: Abnormal liver function, abnormal hepatic, ALT increased, AST increased. *Male reproductive*: Impotence, prostatic disorder. *Metabolic and nutritional*: Alkaline phosphatase increased, BUN increased, CPK increased, creatinine increased, diabetes mellitus, glycosuria, gout, hypercholesteremia, hyperglycemia, hyperkalemia, hyperlipemia, hyperuricemia, hypocalcemia, hypokalemia, increased thirst, increased weight, decrease weight, increase weight, creatinine. *Musculoskeletal*: Arthralgia, arthritis, bursitis, fracture accidental, neck stiffness, osteoporosis, synovitis, tendonitis. *Neoplasm*: Breast neoplasm benign, malignant, ovarian cyst. *Platelets (bleeding or clotting)*: Ecchymosis, hematoma, NOS, thrombocytopenia. *Psychiatric*: Anorexia, anxiety, appetite increased, confusion, depression, depression aggravated, insomnia, nervousness, morbid dream, somnolence. *Resistance mechanism disorders*: Herpes simplex, herpes zoster, infection, infection soft tissue, infection viral, moniliasis, moniliasis genital, otitis media. *Respiratory*: Abnormal breath sounds, bronchitis, bronchospasm, coughing, dyspnea, emphysema, lung disorder, pneumonia, pharyngitis, pleurisy, rhinitis. *Skin and appendages*: Acne, alopecia, dermatitis, fungal, eczema, photosensitivity, allergic reaction, pruritus, rash erythematous, rash maculopapular, rash psoriaform, skin dry, skin hypertrophy, skin ulceration, sweating increased, urticaria. *Special senses*: Taste perversion. *Urinary system*: Albuminuria, cystitis, dysuria, hematuria, micturition frequency increased, polyuria, urinary incontinence, urinary tract infection. *Vascular (Large)*: Aortic aneurysm, intermittent claudication, varicose vein. *Vision*: Abnormal vision, cataract, conjunctival hemorrhage, conjunctivitis, eye pain, keratitis, vision abnormal. *White Cell and RES Disorders*: Eosinophilia, leukopenia, leukocytosis, lymphadenopathy, lymphangitis, lymphocytosis.

Other serious adverse events that were reported rarely (estimated <0.1%) in clinical trials regardless of causality in patients taking BEXTRA: *Autonomic nervous system disorders*: Hypertensive encephalopathy, vasospasm. *Cardiovascular*: Abnormal ECG, aortic stenosis, atrial fibrillation, cardiac stenosis, coronary thrombosis, heart block, heart valve disorder, hypotension, myocardial infarction, myocardial ischemia, pericarditis, syncope, thrombophlebitis, unstable angina, ventricular fibrillation. *Central, peripheral nervous system*: Convulsion. *Endocrine*: Hyperparathyroidism. *Female reproductive*: Cervical dysplasia. *Gastrointestinal*: Achlorhydria, colitis with bleeding, dysphagia, esophageal perforator, gastrointestinal bleeding, ileus, intestinal obstruction, peritonitis. *Hemic*: Lymphoma-like disorder, pancytopenia. *Liver and biliary system*: Cholelithiasis. *Metabolic*: Dehydration. *Musculoskeletal*: Pathological fracture, tenosynovitis. *Neoplasm*: Benign brain neoplasm, bladder carcinoma, carcinoma of the cervix, carcinoma, pulmonary, carcinoma, prostate, carcinoma, pulmonary, carcinoma. *Platelets (bleeding or clotting)*: Embolism, pulmonary, embolism, thrombosis. *Psychiatric*: Manic reaction, psychosis. *Renal*: Acute renal failure. *Resistance mechanism disorders*: Sepsis. *Respiratory*: Apnea, pulmonary edema, pulmonary embolism, pulmonary infarction, pulmonary hemorrhage, respiratory insufficiency. *Skin*: Basal cell carcinoma, malignant melanoma. *Urinary system*: Pyelonephritis, renal calculus. *Vision*: Retinal detachment.

Postmarketing Experience: The following reactions have been identified during postmarketing use of BEXTRA. These reactions have been chosen for inclusion either due to their serious nature, the frequency, possible causal relationship to BEXTRA, or a combination of these factors. Because these reactions were reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency or establish a causal relationship to drug exposure. *General*: Hypersensitivity reactions (including anaphylactic reactions and angioedema). *Skin and appendages*: Erythema multiforme, exfoliative dermatitis, Stevens-Johnson syndrome, toxic epidermal necrolysis.

OVERDOSAGE

Symptoms following acute NSAID overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. Gastrointestinal bleeding can occur. Hypertension, acute renal failure, respiratory depression, and coma may occur, but are rare. Anaphylactoid reactions may occur following an overdose. Manage patients by symptomatic and supportive care following an NSAID overdose. There are no specific antidotes. Dialysis is unlikely to be useful in overdose. Forced diuresis, alkalinization, hemodialysis, or hemoperfusion may not be useful.

DOSAGE AND ADMINISTRATION

Osteoarthritis and Adult Rheumatoid Arthritis - 10 mg once daily.

Primary Dysmenorrhea - 20 mg twice daily, as needed.

HOW SUPPLIED

BEXTRA Tablets 10 mg are white, film-coated and capsule-shaped, debossed "10" on one side with a four-pointed star shape on the other, supplied as:

NDC Number	Size
0025-1975-01	Bottle of 100
0025-1975-51	Bottle of 500
0025-1975-34	Carton of 100 unit dose

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cookies, it was Lila who held my feet to the Yule log when I sidled toward those slice-and-bake versions in the market. "But Mommy," she wheedled, "I want to make them with you."

"Yeah," Sam chimed in, "let's make it a family thing—please?" Thus my angels accomplished what no man ever could: They got me to bake from scratch.

My resistance has become a tradition in itself: though they're just basic roll cookies—valentine hearts, Halloween pumpkins and a whole Santa land of yuletide shapes—they are known to family and friends as the "$%*¢& cookies." And more than the homemade Halloween costumes and carved pumpkins and turkeys, they symbolize my holiday servitude. Over the past decade I've managed to work up an edible version: the kids and I have fun packing them up and driving them around to pals. But I still hate to bake. Every time, I burn at least one ovenful—the signal for our ritual Passion play: "Nevermore!" I croak with all the sinister resolve of Poe's raven.

"It's *not* Christmas without your cookies," Sam wails. "It's just *not*."

Lila fixes me with a stony glare and whispers, "You can't mean it." And always, I cave.

Though he cackles at my predicament, Mark has not escaped their enthusiasms. It was no hardship wolfing down the cookies and carrots left for Santa and his crew. But their clamor for cutting "a real Christmas tree" has landed him on his belly wielding a rusty saw in a frigid, snowy Connecticut field. Visits to the tree farm have precise kid requisite petting Bud and Sonia, the SUV-si resident oxen, drinking hot chocola and hooting as daddy wrestles a b dacious balsam into a Toyota trunk No variation is tolerated. "It's wha we *always* do," Sam will huff with th jaunty righteousness of Tevye singin "Tradition!" in *Fiddler on the Roof*.

We can only give a mighty shru and comply. Kids do crave certainty and continuity. Holiday ritual is safe it's reassuring and on some level downright sacramental. I realized this when I saw my kids and their two cousins sit rapt as my mother ex plained the order in which my siblings and I used to put ornaments on the tree—and what names we gave them. As a child I, too, had been a stickler for details. And as a mom,



watching my bruises spread after the Turkey Brining Incident, I understood the deep roots of my perilous domestic strivings: In my secret heart of hearts, I wanted to amp up the joy for my kids.

So the same sense of duty that caused my mom to collapse after the holidays with the mute resignation of a spavined cart horse finds me on the 10th batch of "$%*¢& cookies" at 10 P.M., flour-dusted whiter than Frosty the Snowman—and pouring a glass of merlot. Even our failures—the sunken pies, the overwrought wreaths—become part of the lore. Conjuring the most savory remembrances is a responsibility I take seriously, despite the comedic side effects. Remembered tastes and smells are as binding as any genetic code—and incredibly nourishing once childhood is past.

Last summer Lila took on the role of family archivist, sorting through the shoe boxes and sacks of unfiled photographs I'd been meaning to put into albums for 15 years. She set up sorting bins by category: the early years, vacations, and so on. But as she worked, another pile grew of the photos that she lingered over most. "Can't I make just a holiday album, too?" she asked. "Won't it be awesome to flip through?"

"Oh, sure," I snapped. "Watch Mom get grayer with every turkey."

We sat down together for a quick flip through the heap. Amid the pumpkin pies and Charlie Brown trees there were fat-cheeked babies in footsie pajamas, 4-year-old pirates and 12-year-old Haunted Scarecrows. There was Lila, grinning, on her grandfather's knee and yes—three generations poised over that memorably moist brined turkey. Judging from the smiles in all those curling photos, there has been a generous measure of joy unto our little world. The diamonds we'll all mine amid the rust of age—our kids' fondest memories—winked out from that jumble of images. "Go for it," I told Lila, who waved her blue marker approvingly and asked, "So what do I label it?"

Opting for a traditional approach, I looked to that bard of Christmases Past, Charles Dickens: "Let's call it 'The Best of Times.'"

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SEASIDE PRAWNS & PINEAPPLE KABOBS

Makes 4 servings.

16 fresh or thawed jumbo prawns or shrimp
1 can (8 oz.) pineapple chunks
1/2 cup Kikkoman Quick & Easy Marinade™, Roasted Garlic & Herbs, Toasted Sesame, Honey & Mustard *or* Gourmet Teriyaki
1 small red bell pepper, cut into 1-inch squares
4 (12-inch) metal or bamboo skewers

Leaving tails intact, peel prawns; devein. Reserving 2 Tbsp. juice,* drain pineapple. Blend juice and marinade in large bowl; remove 1/4 cup mixture. Add prawns to bowl. Toss to coat well; remove. Place 1 pineapple chunk in curve of each prawn; thread alternately with red pepper onto skewers, leaving space between pieces. Broil 4 inches from heat source 4 minutes. Turn over; brush with removed sauce mixture. Cook 3 to 4 minutes longer, or until prawns turn evenly pink.
*If using Roasted Garlic & Herbs, reserve 1/4 cup pineapple juice. TIP: Soak bamboo skewers in water 30 minutes to prevent burning.

WINTER WHITE BEAN SOUP

Makes 6 to 8 servings.

1/2 pound dry great Northern beans, rinsed
2 tablespoons olive oil
2 carrots, diced
1 large onion, chopped
1 can (14 oz.) vegetable broth
1 bay leaf
1/2 cup Kikkoman Roasted Garlic Teriyaki Marinade & Sauce
1/2 pound mustard greens or kale

Soak beans in 2 quarts cold water, covered, overnight; drain. Saute carrots and onions in hot oil in Dutch oven or large saucepan over high heat 3 minutes, or until onion is translucent. Stir in next 3 ingredients, beans and 4 cups water; cover and bring to boil. Reduce heat; simmer 45 minutes. Meanwhile, discard stems and center ribs from greens; cut leaves into 2-inch pieces. Stir greens into soup. Cook, covered, 25 minutes longer, or until beans are tender. Discard bay leaf. Serve hot.

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heart of a husband



Of Love and Snoring

For most married couples, happiness in the bedroom has little to do with sex and a lot to do with blanket hogging and spooning etiquette

BY STEPHEN FRIED

When I was a youth and my love life consisted almost entirely of wishful thinking, I dreamed of being "good in bed." With husbandry far in my future, I naively assumed that being good in bed was all about sex. Now that I'm married, I realize it is all about snoring.

It is also all about cuddling, insomnia and your ability to recognize and appreciate Clean Sheet Day.

Of course, being good in bed can also involve dizzying heights of sexual satisfaction. But I'm not talking about those four to six hours a month (and for most couples, that's a good month). I'm talking about the vast majority of our time in bed, which is in an equally intimate activity—sleeping together. Or, trying to sleep together.

According to recent research, about 12 percent of married couples in America don't even sleep in the same room. According to my own highly unscientific research—which involves being incredibly nosy with my friends—the percentage of couples who literally don't sleep together is actually much higher. For example, a lot of the couples who leave the TV on in their bedrooms all night long are not really sleeping together. What they are doing is closer to just nodding off sitting next to each other at the movies (something I have, on occasion, been known to do, which is why I have a permanent bruise in the shape of my wife Diane's elbow between my third and fourth ribs). I am proud to say we have never had a TV in our bedroom CONTINUED


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(or a video camera, a fact which certainly helps me sleep easier).

On the basis of my observations, couples who don't sleep together fall into two basic groups. There are the ones who gradually stop sleeping together to "temporarily" accommodate tearful babies who want to sleep with the parents. So one breadwinner starts camping out in the guest room to avoid snoozing during the morning staff meeting (which can impair career advancement), and they haven't yet found their way back to the marital bed.

But mostly, there are the couples driven to opposite sides of the bed—and sometimes the house—by snoring, the sound that makes a grinding garbage disposal seem musical by comparison. The spouses on the receiving end of these snores, often women, used to suffer in snarly silence. Now, however, all the things that drive wives crazy about their husbands are being reinvented as medical conditions—especially snoring, for which there are now some 300 registered treatments and surgical techniques. I do realize snoring can be a symptom of sleep apnea. But I also suspect that a lot of men are sent off to have an overnight sleep study at a hospital so their wives can get at least one good night's rest.

I went for a sleep study once. I spent Halloween night (the only appointment available for months because so many people are being sleep-studied) attached to dozens of electrodes while Diane was home hogging the covers in peace.

Actually, I should have insisted that Diane do the study with me. Instead of just monitoring for apnea, they could have brought some scientific certainty to the questions that really vex sleeping (or non-sleeping) couples. Such as, who actually snored more often and mor loudly, broken down by second and decibels. (Since each of us is ca pable of snoring that could wak the dead, it would be useful t know who was actually more a fault.) Or, who did what to stop th other's snoring. Since Diane i smaller than I am, I can usually jus roll her on her side and make i stop, but I have always wondered what manner of nose-pinching, shoving and other Three Stooges–type techniques she employs to quiet me down. Or who commandeered which covers for the sleep session. This can be tricky to spot, since from above, it might look like the comforter is over both of us, while Diane could have stolen the entire sheet from underneath. I propose a MattressCam.

Since we generally sleep with four pillows—one for each head, and another two that can be used for sitting up and reading or covering the other ear—we don't have many disputes in that area. But it might be worth experimenting with only two to see who ends up with them by night's end. Sort of like Pillow *Survivor*.

Now that's my idea of a sleep study.

As for the more clinical study I had, the results were inconclusive. They suggested I lose weight (although isn't the result of almost any test you have over the age of 35 that you should lose weight?) and stop sleeping on my back. But mostly they reassured Diane that all my huffing and snorting and irregular breathing would not kill me any time soon. It was just garden-variety, mild apnea—clinical snoring—which afflicts a great many men and quite a few women (and, I think, almost all dogs). The treatment? Deal with it.

So now it's just one more aspect

of our very high level of marital sleep management, which we've been perfecting since we moved in together 17 years ago. Luckily, we started out compatible in many areas. I am naturally right-bedded while Diane is a lefty. (I can't imagine how couples who both need the same side solve this problem. Weekly, daily or hourly rotation?) We both would rather sleep in a room that is too cold than too hot. And we both like a firm mattress. In fact, Diane could sleep on a slab of granite.

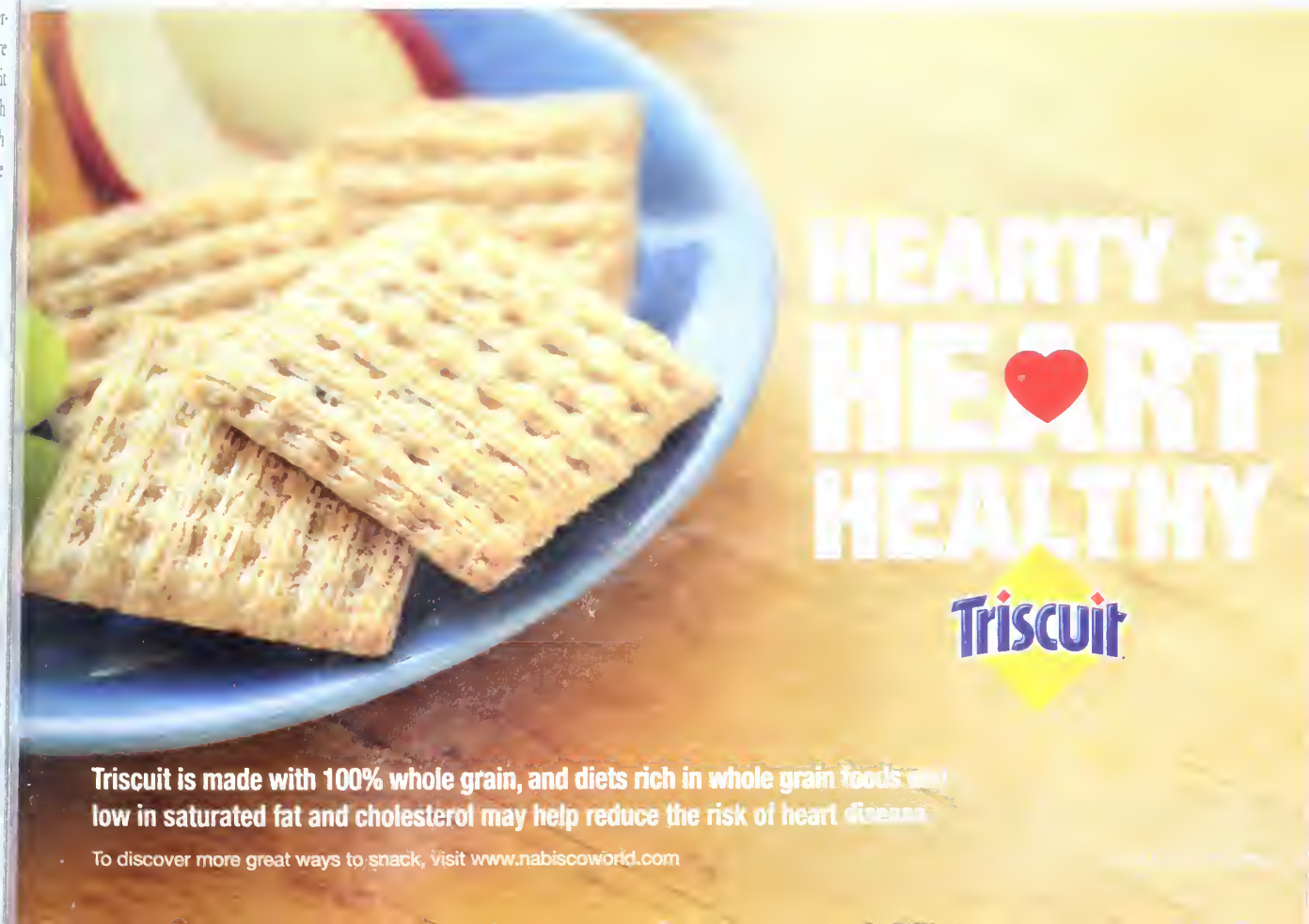
I did feel a little inadequate at first because I am spooning-impaired. But it turned out that Diane can't fall asleep being spooned anyway: In fact, she believes that nobody really can—it's just a movie conceit.

But there are other ways of being attentive in bed. I'm a very light sleeper, and I will invariably wake up if Diane is having a bad dream. I really enjoy being able to soothe her in her sleep. Reciprocating, however, is a little trickier. Like many women in their 40s, Diane finds that her slumber is increasingly fragile. So, if I have a bad dream, it's actually risky for me to wake her up to feel comforted. But she still insists that I do it. It's important to be able to ask for, and to accept, that kind of comfort from your spouse. It creates a feeling of closeness and security that is the best part of sleeping together.

As couples grow older, however, some sleep issues aren't about the bedroom at all. Like many men, I can fall asleep almost anywhere—on planes and trains, on the couch watching TV (I miss the second half of most DVDs we rent), even at the tail end of family gatherings or parties. Sometimes I even snore sitting up, which is very charming. My young nieces and nephews find this endlessly amusing (I'll sometimes sputter awake to find them giggling and preparing to toss coins into my mouth). Diane, however, does not find this amusing at all. So my next couples sleep challenge is not only being good in bed, but being good in chair.

Next month: How to navigate the difficulties of families and holidays.

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Please see brief summary of prescribing information on adjacent page. For more information, consult your physician.

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BRIEF SUMMARY: Consult the full prescribing information for complete product information

ADDERALL XR® CAPSULES **CII Rx Only**

AMPHETAMINES HAVE A HIGH POTENTIAL FOR ABUSE. ADMINISTRATION OF AMPHETAMINES FOR PROLONGED PERIODS OF TIME MAY LEAD TO DRUG DEPENDENCE. PARTICULAR ATTENTION SHOULD BE PAID TO THE POSSIBILITY OF SUBJECTS OBTAINING AMPHETAMINES FOR NON-THERAPEUTIC USE OR DISTRIBUTION TO OTHERS AND THE DRUGS SHOULD BE PRESCRIBED OR DISPENSED SPARINGLY.

INDICATIONS ADDERALL XR is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD). The efficacy of ADDERALL XR in the treatment of ADHD was established on the basis of two controlled trials of children aged 6 to 12 who met DSM-IV criteria for ADHD, along with extrapolation from the known efficacy of ADDERALL, the immediate-release formulation of this substance. **CONTRAINDICATIONS** Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, glaucoma. Agitated states. Patients with a history of drug abuse. During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result). **WARNINGS Psychosis**: Clinical experience suggests that in psychotic patients, administration of amphetamine may exacerbate symptoms of behavior disturbance and thought disorder. **Long-Term Suppression of Growth**: Data are inadequate to determine whether chronic use of stimulants in children, including amphetamine, may be causally associated with suppression of growth. Therefore, growth should be monitored during treatment, and patients who are not growing or gaining weight as expected should have their treatment interrupted. **PRECAUTIONS General**: The least amount of amphetamine feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage. **Hypertension and other Cardiovascular Conditions**: Caution is to be exercised in prescribing amphetamines for patients with even mild hypertension (see CONTRAINDICATIONS). Blood pressure and pulse should be monitored at appropriate intervals in patients taking ADDERALL XR, especially patients with hypertension. **Tics**: Amphetamines have been reported to exacerbate motor and phonic tics and Tourette's syndrome. Therefore, clinical evaluation for tics and Tourette's syndrome in children and their families should precede use of stimulant medications. **Information for Patients**: Amphetamines may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or vehicles; the patient should therefore be cautioned accordingly. **Drug Interactions**: *Acidifying agents*—Gastrointestinal acidifying agents (guanethidine, reserpine, glutamic acid HCl, ascorbic acid, etc.) lower absorption of amphetamines. *Urinary acidifying agents*—These agents (ammonium chloride, sodium acid phosphate, etc.) increase the concentration of the ionized species of the amphetamine molecule, thereby increasing urinary excretion. Both groups of agents lower blood levels and efficacy of amphetamines. *Adrenergic blockers*—Adrenergic blockers are inhibited by amphetamines. *Alkalinizing agents*—Gastrointestinal alkalinizing agents (sodium bicarbonate, etc.) increase absorption of amphetamines. Co-administration of ADDERALL XR and gastrointestinal alkalinizing agents, such as antacids, should be avoided. Urinary alkalinizing agents (acetazolamide, some thiazides) increase the concentration of the non-ionized species of the amphetamine molecule, thereby decreasing urinary excretion. Both groups of agents increase blood levels and therefore potentiate the actions of amphetamines. *Antidepressants, tricyclic*—Amphetamines may enhance the activity of tricyclic antidepressants or sympathomimetic agents; d-amphetamine with desipramine or protriptyline and possibly other tricyclics cause striking and sustained increases in the concentration of d-amphetamine in the brain; cardiovascular effects can be potentiated. *MAO inhibitors*—MAOI antidepressants, as well as a metabolite of furazolidone, slow amphetamine metabolism. This slowing potentiates amphetamines, increasing their effect on the release of norepinephrine and other monoamines from adrenergic nerve endings; this can cause headaches and other signs of hypertensive crisis. A variety of toxic neurological effects and malignant hyperpyrexia can occur, sometimes with fatal results. *Antihistamines*—Amphetamines may counteract the sedative effect of antihistamines. *Antihypertensives*—Amphetamines may antagonize the hypotensive effects of antihypertensives. *Chlorpromazine*—Chlorpromazine blocks dopamine and norepinephrine receptors, thus inhibiting the central stimulant effects of amphetamines, and can be used to treat amphetamine poisoning. *Ethosuximide*—Amphetamines may delay intestinal absorption of ethosuximide. *Haloperidol*—Haloperidol blocks dopamine receptors, thus inhibiting the central stimulant effects of amphetamines. *Lithium carbonate*—The anorectic and stimulatory effects of amphetamines may be inhibited by lithium carbonate. *Meperidine*—Amphetamines potentiate the analgesic effect of meperidine. *Methenamine therapy*—Urinary excretion of amphetamines is increased and efficacy is reduced, by acidifying agents used in methenamine therapy. *Norepinephrine*—Amphetamines enhance the adrenergic effect of norepinephrine. *Phenobarbital*—Amphetamines may delay intestinal absorption of phenobarbital; co-administration of phenobarbital may produce a synergistic anticonvulsant action. *Phenytoin*—Amphetamines may delay intestinal absorption of phenytoin; co-administration of phenytoin may produce a synergistic anticonvulsant action. *Propoxyphene*—In cases of propoxyphene overdosage, amphetamine CNS stimulation is potentiated and fatal convulsions can occur. *Veratrum alkaloids*—Amphetamines inhibit the hypotensive effect of veratrum alkaloids. **Drug/Laboratory Test Interactions**: Amphetamines can cause a significant elevation in plasma corticosteroid levels. This increase is greatest in the evening. Amphetamines may interfere with urinary steroid determinations. **Carcinogenesis/Mutagenesis and Impairment of Fertility**: No evidence of carcinogenicity was found in studies in which d, amphetamine (enantiomer ratio of 1:1) was administered to mice and rats in the diet for 2 years at doses of up to 30 mg/kg/day in male mice (19 mg/kg/day in female mice) and 5 mg/kg/day in male and female rats. These doses are approximately 2.4, 1.5 and 0.8 times, respectively, the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis. Amphetamine in the enantiomer ratio present in ADDERALL (immediate-release:d- to -ratio of 3:1) was not clastogenic in the mouse bone marrow micronucleus test *in vivo* and was negative when tested in the *E. coli* component of the Ames test *in vitro*. d-Amphetamine (1:1 enantiomer ratio) has been reported to produce a positive response in the mouse bone marrow micronucleus test, an equivocal response in the Ames test, and negative responses in the *in vitro* sister chromatid exchange and mouse lymphoma forward mutation assays. Amphetamine in the enantiomer ratio present in ADDERALL (immediate-release:d- to - ratio of 3:1) did not adversely affect fertility or early embryonic development in the rat at doses of up to 20 mg/kg/day (approximately 5 times the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis). **Pregnancy**: Pregnancy Category C. Amphetamine in the enantiomer ratio present in ADDERALL (d- to - ratio of 3:1) had no apparent effects on embryofetal morphological development or survival when orally administered to pregnant rats and rabbits throughout the period of organogenesis at doses of up to 6 and 16 mg/kg/day, respectively (these doses are approximately 1, 5 and 8 times, respectively, the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis). Fetal malformations and death have been reported in mice following parenteral administration of d-amphetamine at doses of 50 mg/kg/day (approximately 6 times the maximum recommended human dose of 30 mg/day on a mg/m² basis) or greater to pregnant animals. Administration of these doses was also associated with severe maternal toxicity. A number of studies in rodents indicate that prenatal or early postnatal exposure to amphetamine or methylphenidate at doses similar to those used clinically can result in long-term neurochemical and behavioral alterations. Reported behavioral effects include learning and memory deficits, altered locomotor activity, and changes in sexual function. There are no adequate and well-controlled studies in pregnant women. There has been one report of severe congenital bony deformity, tracheo-esophageal fistula and anal atresia (vater association) in a baby born to a woman who took dextroamphetamine sulfate with ovastatin during the first trimester of pregnancy. Amphetamines should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nonteratogenic Effects**: Infants born to mothers dependent on amphetamines have an increased risk of premature delivery and low birth weight. Also, these infants may experience symptoms of withdrawal as demonstrated by dysphoria, including agitation and significant lassitude. **Usage in Nursing Mothers**: Amphetamine is excreted in human milk. Mothers taking amphetamines should be advised to refrain from nursing. **Pediatric Use**: ADDERALL XR is indicated for use in children 6 years of age and older. **Use in Children Under 6 Years of Age**: Effects of ADDERALL XR in 3-5 year olds have not been studied. Long-term effects of amphetamines in children have not been well established. Amphetamines are not recommended for use in children under 3 years of age. **Geriatric Use**: ADDERALL XR has not been studied in the geriatric population. **ADVERSE EVENTS**: The premarketing development program for ADDERALL XR included exposures in a total of 685 participants in clinical trials (615 patients and 70 healthy adult subjects). These participants received ADDERALL XR at daily doses up to 30 mg. The 615 patients (ages 6 to 12) were evaluated in two controlled clinical studies (one open-label clinical study, and one single-dose clinical pharmacology study) (N=209). Safety data on all patients are included in the discussion that follows. Adverse reactions were assessed by collecting adverse events, results of physical examinations, vital signs, weights, laboratory analyses and ECGs. Adverse events during exposure were obtained primarily by general inquiry and recorded by clinical investigators using terminology of their own choosing. Consequently, it is not possible to provide a meaningful estimate of the proportion of individuals experiencing adverse events without first grouping similar types of events into a smaller number of standardized event categories. In the tables and listings that follow, COSTART terminology has been used to classify reported adverse events. The stated frequencies of adverse events represent the proportion of individuals who experienced, at least once, a treatment-emergent adverse event of the type listed. **Adverse events associated with discontinuation of treatment**: In two placebo-controlled studies of up to 5 weeks duration, 2.4% (10/425) of ADDERALL XR treated patients discontinued due to adverse events, including 3 patients with loss of appetite, one of whom also reported insomnia, compared to 2% (7/259) receiving placebo. The most frequent adverse event associated with discontinuation of ADDERALL XR in controlled and uncontrolled multiple-dose clinical trials (N=595) are presented below. Over half of these patients were exposed to ADDERALL XR for ≥2 months or more.

Adverse event	% of patients discontinuing (N=595)
Anorexia, loss of appetite	2.9
Insomnia	1.5
Weight loss	1.2
Emotional lability	1.0
Depression	0.7

Adverse events occurring in a controlled trial: Adverse events reported in a 3-week clinical trial of pediatric patients treated with ADDERALL XR or placebo are presented in the table below. The prescriber should be aware that these figures cannot be used to predict the incidence of adverse events in the course of usual medical practice where patient characteristics and other factors differ from those which prevailed in the clinical trials. Similarly, the cited frequencies cannot be compared with figures obtained from other clinical investigations involving different treatments, uses, and investigators. The cited figures, however, do provide the prescribing physician with some basis for estimating the relative contribution of drug and non-drug factors to the adverse event incidence rate in the population studied.

Table 1 Adverse Events Reported by More Than 1% of Patients Receiving ADDERALL XR with Higher Incidence Than on Placebo in a 584 Patient Clinical Study

Body System	Preferred Term	ADDERALL XR® (N=374)	Placebo (N=210)
General	Abdominal Pain/stomachache	14%	10%
	Accidental Injury	3%	2%
	Asthenia/fatigue	2%	0%
	Fever	5%	2%
	Infection	4%	2%
	Viral Infection	2%	0%
Digestive System	Loss of Appetite	22%	2%
	Diarrhea	2%	1%
	Dyspepsia	2%	1%
	Nausea	5%	3%
	Vomiting	5%	4%
Nervous System	Dizziness	2%	0%
	Emotional Lability	9%	2%
	Insomnia	17%	2%
	Nervousness	6%	2%
Metabolic/Nutritional	Weight Loss	4%	0%

The following adverse reactions have been associated with amphetamine use: Cardiovascular: Palpitations, tachycardia, elevation of blood pressure. There have been isolated reports of cardiomyopathy associated with chronic amphetamine use. Central Nervous System: Psychotic episodes at recommended doses, overstimulation, restlessness, dizziness, insomnia, euphoria, dyskinesia, dysphoria, tremor, headache, exacerbation of motor and phonic tics and Tourette's syndrome. Gastrointestinal: Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances. Anorexia and weight loss may occur as undesirable effects. Allergic: Urticaria. Endocrine: Impotence, changes in libido. **DRUG ABUSE AND DEPENDENCE**: ADDERALL XR is a Schedule II controlled substance. Amphetamines have been extensively abused. Tolerance, extreme psychological dependence and severe social disability have occurred. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with amphetamines may include severe dermatoses, marked insomnia, irritability, hyperactivity and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinically indistinguishable from schizophrenia. **OVERDOSAGE**: Individual patient response to amphetamines varies widely. Toxic symptoms may occur idiosyncratically at low doses. Symptoms: Manifestations of acute overdosage with amphetamines include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states, hyperpyrexia and rhabdomyolysis. Fatigue and depression usually follow the central nervous system stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea and abdominal cramps. Fatal poisoning is usually preceded by convulsions and coma. Treatment: Consult with a Certified Poison Control Center for up-to-date guidance and advice. Management of acute amphetamine intoxication is largely symptomatic and includes gastric lavage, administration of activated charcoal, administration of a cathartic and sedation. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendation in this regard. Acidification of the urine increases amphetamine excretion, but is believed to increase risk of acute renal failure if myoglobinuria is present. If acute severe hypertension complicates amphetamine overdosage, administration of intravenous phentolamine has been suggested. However, a gradual drop in blood pressure will usually result when sufficient sedation has been achieved. Chlorpromazine antagonizes the central stimulant effects of amphetamines and can be used to treat amphetamine intoxication. The prolonged release of mixed amphetamine salts from ADDERALL XR should be considered when treating patients with overdose. Dispense in a tight, light-resistant container as defined in the USP. Store at 25° C (77° F); Excursions permitted to 15-30° C (59-86° F) [see USP Controlled Room Temperature]. Manufactured by DSM Pharmaceuticals, Inc., Greenville, North Carolina 27834. Distributed and marketed by Shire US Inc., Newport, KY 41071. For more information call 1-800-828-2088 or visit www.adderallxr.com. ADDERALL XR is registered in the US Patent and Trademark Office.

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animal affairs



"China has become a bit of a star," says Marta Menendez-Lyons. The new family (from left): Stephan, Marta, China, Joshua and Randy

The Cat Who Came Special Delivery

The Lyons were awed that a calico kitten could survive 36 days as a stowaway in a shipping crate from the other side of the world—but they knew she was meant to be part of their family

BY JEANNE MARIE LASKAS

The story of China, the amazing survivor cat, all started in a Tampa, Florida, warehouse on a cool morning in April when Norman Goldberg, an importer of parrot cages, received his order of 400 cages from a factory in China. The crate containing them was huge—40 feet long—and when Goldberg opened it, he noticed something odd: Many of the cardboard boxes holding the cages were ripped to shreds. He reached in, pulled out one of the boxes, and there, looking up at him, was the scrawniest little calico kitten, all hair and bones.

"Hey!" he said, startled.

"Meow," the cat said.

What was a kitten doing in a shipping crate? Goldberg stood there for a moment, frozen, as he tried to figure it. Thirty-six days earlier the crate had left Guangdong, in southern China, by boat. It had entered the United States by way of Los Angeles and traveled by rail to Tampa. The crate's original seals had not been broken, as they sometimes are by U.S. Customs agents, so the cat had to have entered the crate before it left China.

"You've come all the way from China?" Goldberg said to the kitten, which wasted no time escaping. She leapt out of the crate and disappeared into the warehouse.

Not much of a cat person himself, Goldberg did the right thing: He called the local animal shelter, Hillsborough County Animal Services. They immediately sent out a team with a trap, which proved unnecessary. The starving kitten was easily scooped up by the workers. When the team got her back to the shelter, workers determined that she was about 6 months old, weighed just three pounds and was CONTINUED



Cat on a warm, soft bed: Four months after finding a home in America, China has nearly doubled her weight

verely dehydrated. They sent her a local veterinary hospital.

Meantime, Goldberg's business rtner contacted the factory in Chi and asked if anyone knew about a t. He soon learned that a worker ho had been caring for a few cats ing at the factory had lost track of o kittens, one of them fitting the de- ription of the little stowaway. The oman, who couldn't begin to guess w her kitten managed to crawl into crate bound for the United States, as relieved to hear that one of her ts had been found and she asked at someone in America please give at little cat a loving home.

The story hit local newspapers, roclaiming the kitten, which became nown simply as China, a survivor. low had she endured more than a nonth with no food or water? It was mystery no one could solve.

"This was meant to be." That's the ay Marta Menendez-Lyons, 45, a nother of two and a Spanish inter- reter living in Tampa, thought bout the cat when she read the story n the newspaper. She understood ats. Samantha and Binx, her two ats, had come to her as strays. She nderstood that cats get where they eed to go and you don't pick them, hey pick you.

As she sat at work and read the tory about China, she came to real- ze that the kitty needed a home. She hought, *Maybe this was meant to be!* She called her husband, Randy, a anker. "I think we should adopt this at," she said. "Don't you think it would be an honor to raise such an amazing animal?" He agreed, but warned her that probably half the state had already had the same thought. Indeed, requests would later come in from all across America and Canada to adopt China. But Marta was the first official caller. Randy went to the shelter that same morn ing to fill out the application, only to realize that the family's cats, Samantha and Binx, were overdue for their vaccinations, making the Lyons family ineligible for another adoption.

So for Marta and Randy, this became a mission. They hadn't even met the kitten–China was still under the care of a nearby vet hospital–and yet that same morning Randy dashed home, took Samantha and Binx to the vet for their shots, shuttled them home and hurried back down to the shelter with the necessary paperwork.

It worked. Weeks later, Marta, Randy and their two sons, Joshua, 11, and Stephan, 9, got to meet China. They arrived with blankets and cat toys, took one look at her and thought: "That is one scrawny cat!" She wasn't a looker by any means: rail thin, all legs and tail. But her playful personality, or maybe it was just something in her golden green eyes, won the family over. China became, in an instant, beautiful to them.

"An animal like China brings out the best in people," Marta would later say. Folks sent letters and e-mails saying they were praying for China. The animal with the enormous will to live became a symbol of hope.

Marta sent an e-mail, with photos, to the kitten's original owner at the factory in China. "We have adopted your lost kitten," she wrote. A few days later, she got a response: "We are so glad that our cat is adopted by such a kind family. We believe that she will have a very colorful life."

And so China, the amazing survivor cat, settled into her new home. "She has discovered the sofa," says Marta. "She lies there on her back with her legs sticking straight up, soaking in the luxury." She also enjoys being carried around like a princess by Joshua and Stephan, playing with 1-year-old Binx and teasing 20-year-old Samantha. (The jealousy those cats may have felt quickly dissolved after goat's milk and chicken baby food became part of their daily diet, thanks to the continuing effort to fatten up China.)

If China has one special person in her life, though, it is Marta. Each morning, right before the alarm clock rings, Marta is awakened by China licking her face. China's eyes, all golden green and shiny, wear her usual expression of "C'mon, lady, let's play!" And so Marta's heart melts, as it has done every morning since China entered her life against all odds. This was meant to be.

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The connection between spoon lines and hemlines.



Both are slaves to fashion. Soup spoons were short and stubby until the 16th century. That's when high, ruffled collars became all the rage. A navigational nightmare when sipping soup. So spoons were made longer. Our chefs share this devotion to improving the soup experience. It's what inspired them to create the delectable and distinctive tastes of Campbell's® Select™ collection of superlative soups. Campbell's Select Herbed Chicken with Roasted Vegetables is a tantalizing twist on traditional chicken noodle. Select's new Mexican Style Chicken Tortilla thrills you with the vibrant flavors of Old Mexico. They're just two of Select's almost endless variety, each fashioned to fit your every mood.







Discover our chef-inspired soups.



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Nervous Nellie No More!

Think you're an ace at concealing your nervousness when giving a talk at the school fund-raiser, for example? Maybe so, but the energy you expend trying to cover up your jitters in stressful situations can limit your ability to communicate well, think on your feet or even remember your speech.

So how can you still come through in the clutch? The solution, says Jane Richards, Ph.D., assistant professor of psychology at the University of Texas at Austin and the author of a new study, may lie in a technique called "reappraisal," which lets you deal your fear a preemptive strike. If you consciously think about the task from the get-go in a way that emphasizes the positive ("I am a smart, persuasive person") and minimizes negative emotions ("The audience is on my side; they want the school to succeed"), then on the fateful day, you'll be able to channel the energy you *would* have used to keep your voice steady into making your talk even better.

Richards advises reappraising by focusing on past successes, too. For instance, remember when you spoke in front of a group to make a wedding toast or say Thanksgiving grace.

—Melissa Kirsch



How to Make Your Hubby Snuggle

Want to feel closer to your husband? If you're at the video rental store and he's holding *Man on Fire* while you clutch *Love Actually*, you might be tempted to cave to keep the peace. But stick to your sentimental first choice: According to a new study from the University of Michigan at Ann Arbor, watching romantic movies can lead to real-life bonding.

Men and women who watched a romantic film experienced an increase of more than 10 percent in their levels of the hormone progesterone, which is associated with a subconscious urge to be close, researchers found. "It's the perfect way to get cozy," says study leader Oliver Schultheiss, Ph.D.

If that doesn't stave off your husband's action-flick attack, tell him the same study revealed that thrillers raised levels of the hormone testosterone by as much as 30 percent, which can lead to some unfriendly, aggressive behavior. *—Evita Nancy Torre*

Kindness Really *Is* Contagious

You know that fleeting fuzzy feeling you get when someone compliments you? It turns out that complimenting someone else can do even more to lift your mood.

Happiness depends on how full your metaphorical bucket of positive, affirming experiences is at any given time, according to *How Full Is Your Bucket?* by Tom Rath and Donald O. Clifton, Ph.D. Every natural thing you have done to fulfill both your bucket and your well-being, and the best way to keep your bucket overflowing is to fill someone else's.

Before filling the bucket of a friend, spouse or coworker, Rath and Clifton talk a mom who wants to keep her bucket filled. They recommend aiming for five positive encounters for every negative one. Reach that goal by shining light on what people do right: Support your friends' goal, recognize and ignore small irritations. The fuller you fill the bucket of those around you, the happier they and you will be. *—Stephanie Lamm Watts*

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How to Get the Happiness You Deserve

Treating yourself to chocolate-coated ice cream cones. Shopping for houses you can't afford. Go ahead and indulge your guilty pleasures. It turns out they're good for you!

BY M. P. DUNLEAVEY

Sometimes, when the pressures of my life reach a fever pitch, *bing!*—my get-a-treat button sounds. Usually I make do with a brownie or window-shopping, but whenever I can swing it, my favorite clandestine comfort is to take myself out to dinner. I don't seek out white tablecloths and five-course meals. Instead, I plunk myself down at a place near my home that makes a sensational thin-crust pizza. With mushrooms. Which is great, because the thrill of this guilty little pleasure (I know there is not much nutritional upside here) isn't about a gourmet extravagance, it's about an *emotional* one. A mushroom pizza, a glass of Coke and . . . me. Do I feel remorse later for relishing my pizza dinner for one? Yes, a little, but that doesn't ruin the experience. Instead it makes me savor the treat even more.

And that's the beauty of these secret moments. Your furtive little indulgence might involve food, fantasy, fun or escape—or all at once! From shopping to napping, from reading torrid paperbacks you hope the kids don't find to test-driving cars you can't afford, these are the things that lift your spirits, unravel your cares, restore your soul. We all have a different guilt threshold. Some women feel fully entitled to daily indulgences, while others are racked with remorse if they take time away from their family for a monthly manicure.

According to Susan Newman, Ph.D., author of *Little Things Long Remembered: Making Your Children Feel Special Every Day*, women who crave guilty pleasures the most are those with their plates piled highest, particularly working moms (who may also be caring for their aging parents). "We live in such a driven society, yet we don't feel we have the right to pamper ourselves," says Dr. Newman, a psychologist in Metuchen, New Jersey. "If you relax in the bath, you find yourself thinking, 'I should be organizing the vacation photos or taking my daughter to the playground.' There are so many 'shoulds' in our lives."

Jennifer, 38, a real-estate manager in Scottsdale, Arizona, agrees. "I have three kids and I feel like I'm the wife, I'm the mom, I'm the employee, but when do I get to be *me*?" She has found one way. At night, after everyone is asleep, she sneaks down to the family's pool. "I take off my clothes, dive in, float on my back and stare at the stars for half an hour," she says. Even her husband hasn't caught on. "If he notices my wet hair, he thinks I've been doing laps for exercise." And that's fine. "I feel like I'm being a little CONTINUED



bit bad, but it helps me to get a piece of my time back that I don't have to share. It's my rebellion."

For many women, the solo aspect delivers a kick because they're stealing time, a painfully scarce commodity. But there's another factor: Nothing kills the fun faster than having to share. Guilty pleasures are built for one, and it's that molecule of secrecy that binds the pleasure to the guilt. What makes up our formulas can be mysterious. A happily married friend of mine frequents a certain drugstore because she has an ongoing (and innocent) flirtation with the handsome pharmacist. Another likes to try on boxes of shoes in chic boutiques.

The key element seems to be that nugget of naughtiness. "It's so satisfying when you feel like you're getting away with something," says Beth, 38, a mother of a toddler in Eugene, Oregon, who has never confessed to anyone her fetish for a certain fast-food sausage-cheese-and-egg sandwich, which she indulges in only via drive-through ("for the anonymity").

"The thing that's so goofy is that you're an adult, you don't have to 'get away' with stuff, but it adds a bit of deliciousness to it all when you feel like you're doing something people wouldn't approve of," Beth adds.

Psychotherapist Daphne Stevens, author of *Watercolor Bedroom: Creating a Soulful Midlife*, wishes we could pry the guilt off the treat. "Pleasure is our birthright," she says, "and yet we often act as though we're on a pleasure diet. 'Oh, no, I can't take this hour for myself to read or sit in a café and drink a cup of coffee.' "

She believes that guilty pleasures are what clinicians would call a "reaction formation." In other words, what you truly feel when you watch your favorite trashy reality TV show is pretty darn happy. But you can't admit that to yourself. So you throw in guilt, Stevens says, "to prove you're suffering. It's like saying, 'I am having this pleasure, but I also feel guilty, so does that make it okay?' "

The sneaky fun, the secret guilt—sound familiar? A number of women said their guilty pleasure evoked their childhoods. Anna, 40, a public-interest advocate and new mother in Washington, D.C., says her love of reading for hours (which she rarely gets to do these days) dates back to when she was a kid and would literally climb a tree in order to relish her favorite passion uninterrupted. In fact, as a nod to the need of even the most sophisticated adults to nourish their inner child, the Four Seasons Restaurant, in New York City, offers a $10 serving of cotton candy—on a china plate, no less. "People really love it, regardless of their age," says reservationist Julius Mariano.

> "You need to start thinking, 'Wait a minute, I've *earned* this!' "

Sadly, guilty pleasures can have a dark side. Overeating, overspending, excessive drinking—what starts as an occasional kick can eventually become destructive. It's not that most serious vices begin as guilty pleasures (boy, then we'd all be in trouble), but the potential exists. You know you've crossed the line "if you begin to feel that you're not living in accord with your own values," Stevens says. She describes a married woman whose flirtation began as a guilty pleasure—enjoying the company of a colleague. But she then allowed the situation to develop into an affair. "You need to have your own boundaries and respect them," Stevens says.

Still, Dr. Newman believes that women need to reduce the guilt revolving around their little indulgences. "You want to start thinking, 'Wait a minute, I've *earned* this!' " That's how Karen, 42, a financial planner in Charlotte, North Carolina, tries to look at her catnaps. Or, since she curls up with her adoring Vizsla, her dognaps. Either way, she knows it's a guilty pleasure to flop down on the living-room sofa on a Saturday afternoon while her husband and two kids are out doing various activities, but she tries not to give in to the guilt.

Like most of us, Karen says, "I was raised with a strong work ethic: to get all your work done before you take your pleasure. But since all the work is *never* done—my house is never picked up enough and there's always so much stuff that needs doing—sometimes I would just rather lie down with the dog."

Perhaps these stolen moments are a public service. "If I didn't have the occasional sausage-cheese-and-egg, I'd move on to larger crime sprees," Beth jokes. Well, here's to law and order. If you can't justify a little hedonism on the grounds that you deserve it, think of the rest of society. I love the notion that when you practice these random acts of private fun, there could be a ripple outward that pushes others to do likewise. Perhaps then guilty pleasures would make the world a little bit more wonderful.

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Oh no! I've lost an inch.
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Wait a minute. Did you lose something? Like maybe an inch or so of height? You're not the only one. After menopause, shrinking can be a sign of osteoporosis, the result of tiny fractures over time.

Little by little, osteoporosis can make your bones weak and brittle, even if you take calcium every day.

That's how fractures can happen!



But Actonel once-a-week helps protect your bones from osteoporosis. It won't get back your lost inch. But it will help you fight fracture.

How do your bones measure up? Get more information at Actonel.com and *ask your doctor if Actonel is right for you.*

Actonel is a prescription medication to treat and prevent postmenopausal osteoporosis. Some risk factors for osteoporosis include Caucasian or Asian race, family history, small frame or smoking.

You should not take Actonel if you have low blood calcium, have severe kidney disease, or cannot sit or stand for 30 minutes. Stop taking Actonel and tell your doctor if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Side effects are generally mild or moderate and may include back or joint pain, stomach pain or upset, or constipation. Follow dosing instructions carefully.

Please see important information about Actonel on the following page.

Help fight fracture. **Actonel®** (risedronate sodium tablets)

ACTONEL® (AK-toh-nel)
Tablets Patient Information

ACTONEL (risedronate sodium tablets) 5 mg and
ACTONEL (risedronate sodium tablets) 35 mg for Osteoporosis

Read this information carefully before you start taking ACTONEL and each time you get a refill. Read the information again in case you have questions later. This leaflet does not take the place of talking with your healthcare provider about your medical condition or your treatment. If you have questions about your medicine, talk with your healthcare provider. Only your healthcare provider can decide if ACTONEL is right for you.

What is the most important information I should know about ACTONEL?

ACTONEL may cause problems in the esophagus (the tube that connects the throat to the stomach). These problems can be serious. Tell your healthcare provider right away if you have any of the following side effects or if they get worse while you are taking ACTONEL:

- trouble swallowing
- pain when swallowing
- new or worsening heartburn

You must follow the instructions exactly for ACTONEL to work and to lower the chance of serious side effects (see "How should I take ACTONEL?").

What is ACTONEL?

ACTONEL is a prescription medicine used:

- to prevent and treat osteoporosis in postmenopausal women. See "What is osteoporosis."
- to prevent and treat osteoporosis in men and women that is caused by treatment with steroid medicines such as prednisone.
- to treat Paget's disease of bone (osteitis deformans). The treatment for Paget's disease is very different than for osteoporosis. Take a different type of ACTONEL. This leaflet does not cover taking ACTONEL for Paget's disease. Ask your healthcare provider if you have questions about ACTONEL.

ACTONEL can increase bone mass by slowing bone loss and increasing bone mineral content in most people who take it. Even though you may not feel any different when taking ACTONEL, it helps reduce the risk of breaking bones (fractures). Your healthcare provider may measure the thickness (density) of your bones to check your progress.

See the end of this leaflet for more information about osteoporosis.

Who should not take ACTONEL?

Do not take ACTONEL if you:

- have low blood calcium (hypocalcemia)
- cannot sit or stand up for 30 minutes
- have kidneys that work poorly
- [illegible] allergy to ACTONEL. The active ingredient in ACTONEL is risedronate sodium. See the end of this leaflet for a complete list of ingredients in ACTONEL.

Tell your doctor before using ACTONEL if:

- you are pregnant, may become pregnant or are breast-feeding. It is not known if ACTONEL can harm your unborn baby or baby.
- [illegible] ACTONEL [illegible]
- you have problems swallowing, digesting or absorbing food.

How should I take ACTONEL?

The following instructions are for both ACTONEL 5 mg (daily) and ACTONEL 35 mg (Once-a-Week).

- Take ACTONEL first thing in the morning before you eat, drink anything except plain water.
- Take ACTONEL while you are sitting or standing.
- Take ACTONEL with a full glass of plain water (6 to 8 ounces of water). Do **not** take ACTONEL with mineral water. Do not take ACTONEL with coffee, tea, juice or milk-based drinks.
- [illegible] ACTONEL tablets. Do not crush or chew the tablets. Swallow tablets whole to deliver the medicine to your stomach.
- [illegible] ACTONEL and must stand or sit upright for **30 minutes AFTER** taking it.
  - [illegible] drinks, including other mineral waters.
  - [illegible] medicines, antacids, calcium supplements, vitamins containing minerals, or other medicines by mouth at least 30 minutes after you take ACTONEL.
- Keep taking ACTONEL for as long as your healthcare provider tells you.
- Tell your healthcare provider if you are taking ACTONEL to treat your osteoporosis and you start getting [illegible] you have to take ACTONEL in a way that is prescribed.
- Your healthcare provider may prescribe calcium and vitamin D supplements for you to take.

What is my ACTONEL schedule?

If your doctor has prescribed **ACTONEL 5 mg daily (a yellow tablet)**:

- Take 1 ACTONEL 5 mg tablet every day in the morning.
- If you forget to take your ACTONEL 5 mg in the morning, do **not** take it later in the day. Take your next ACTONEL 5 mg tablet the next morning and continue your usual schedule of 1 tablet a day. Do **not** take 2 tablets on the same day.

If your doctor has prescribed **ACTONEL 35 mg Once-a-Week (an orange tablet)**:

- Choose 1 day of the week that is the most convenient for you to take your ACTONEL 35 mg tablet. Every week, take 1 ACTONEL 35 mg tablet on your chosen day.
- If you forget to take your ACTONEL 35 mg on the morning, do **not** take it later in the day. Take your next ACTONEL 35 mg tablet the next morning and continue your usual schedule of 1 tablet on your chosen day of the week. Do **not** take 2 tablets on the same day.

What should I avoid while taking ACTONEL?

- Do not eat or drink anything except water before you take ACTONEL and for at least 30 minutes after you take it.
- Do not lie down for at least 30 minutes after you take ACTONEL.
- Foods and some vitamin supplements and medicines can stop your body from absorbing (using) ACTONEL. Therefore, do not take the following products at or near the time you take ACTONEL: food, milk, calcium supplements or calcium-aluminum- or magnesium-containing medicines, such as antacids. See "How should I take ACTONEL?"

What are the possible side effects of ACTONEL?

Stop taking ACTONEL and tell your healthcare provider right away if:

- **swallowing is difficult or painful.**
- **you have chest pain.**
- **you have very bad heartburn and it doesn't get better.**

ACTONEL may cause:

- [illegible]
- [illegible]
- [illegible] (esophagus, mouth, throat) problems

[illegible] ACTONEL was studied in about [illegible] people who took ACTONEL for up to [illegible] years. The most common side effects of ACTONEL were similar to those of placebo (sugar pill) and included [illegible] stomach pain, nausea, constipation, diarrhea, and indigestion. Tell your healthcare provider if you have any side effects that bother you or that do not go away. These are not all the possible side effects of ACTONEL. Your healthcare provider can tell you about other side effects.

What is osteoporosis?

[illegible] osteoporosis [illegible] thinning of the bones. As you get older, your bones become weaker. [illegible] osteoporosis [illegible]

How can osteoporosis affect me?

- [illegible]
- [illegible] spine [illegible] bones in your hips. If you have osteoporosis, you can [illegible] without [illegible] pieces of bone [illegible] fracture [illegible] your back [illegible] your spine.
- [illegible]
- [illegible] your back
- [illegible] you [illegible]

Who is at risk for osteoporosis?

[illegible] things can increase your risk for osteoporosis. The more you have, the greater your chance of getting osteoporosis.

Women who:

- are past menopause [illegible] menopause
- [illegible] Asian

People who:

- are [illegible]
- have family members with osteoporosis
- [illegible] enough calcium or vitamin D
- do not exercise
- [illegible]
- [illegible]
- drink alcohol often
- take bone-thinning medicines, like prednisone or other steroids, for a long time

General information about ACTONEL

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use ACTONEL for a condition for which it was not prescribed. Do not give ACTONEL to other people, even if they have the same symptoms you have. It may harm them.

What if I have other questions about ACTONEL?

This leaflet summarizes the most important information about ACTONEL and osteoporosis. If you have more questions about ACTONEL, ask your healthcare provider or pharmacist. They can give you information written for healthcare professionals. For more information, call 1-877-**ACTONEL** toll-free or visit our Web site at www.actonel.com.

What are the ingredients of ACTONEL?

ACTONEL active ingredient: risedronate sodium

ACTONEL inactive ingredients: crospovidone, ferric oxide (5 mg tablets only), ferric oxide yellow, hydroxypropyl cellulose, hydroxypropyl methylcellulose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, silicon dioxide, and titanium dioxide.

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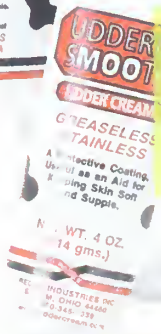




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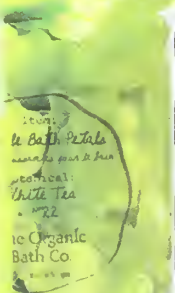


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Bring On the New Blushes!

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Create Your Own Color



A makeup compact filled with a medley of shades is a simple pleasure but has usually been reserved for lips and eyes. So when trio and quad combinations of shades devoted solely to cheek color surfaced, we flipped. Not only is the price just right, but all of the shades play off one another, giving us endless ways to glow. Use individually for a single pop of color, mix your own unique shade or layer a lighter color over a darker one for subtle contouring. Our faves, pictured above, from left: Givenchy Prisme Again! Blush in Euphoric Orange, $30, four sexy peachy shades; Scott Barnes Chic Palette, $40; a trio of sweet pinks; Pixi Crème Colour X4 in Pink, $28; a shimmery quartet

PATRICIA'S PICK

PRETTIER IN PINK



Some might envy Cameron Diaz's body or Gwyneth Paltrow's hair, but for me, it's the way these fair-skinned beauties pull off pink-toned makeup, particularly blush, that makes me see green. My attempts at making this pretty shade look at all enticing on my darker complexion always end with my wiping it off and slinking back to my usual bronze and berry palette. Those days appear to be over, however, thanks to Peek-A-Blush Sheer Powder Cheek Color in Crazy in Love, $12, from Flirt!, a new makeup line created by the Estée Lauder Companies exclusively for Kohl's Department Store. This shade gives me some of that coveted pinky prettiness, but also flatters my skin.



Beauty Director Patricia Reynoso



Blush That Does Triple Duty

No matter the season, your beauty routine can always benefit from a multi-tasking item that works for cheeks, lips and eyes. And now, gel and cream formulas can be smudged and blended with your finger to serve as blush, lip gloss or eye shadow. The result: a finished look with just one swipe! **Our favorites:** For eyes, lips and cheeks, try **1** Tony & Tina Multi-Dimensional Face Color, $18, and **2** Jouer All Over in Amaryllis, $18. Or focus on just lips and cheeks with **3** Trish McEvoy Essential Pencil in Cherry, $20, **4** Vincent Longo's Lip & Cheek Stain in Cupid's Breath $22.50, **5** Lorac Multiple Rush in Crush Rush, $20, and **6** Jelly Pong Pong Supermodel Stain in Slenderella, $24.

LHJ.com For more makeup tips, browse our slideshows at www.lhj.com/beautyslide

Stepping Out With Style!

Early this year, we asked you, our readers, to nominate your family for a beauty and fashion style makeover. Here, meet the lucky winners and learn from the hair, grooming, makeup and wardrobe advice we lavished on them



When we invited you to enter our *Ladies' Home Journal* Family Style Makeover Contest, we received more than 700 funny and heartfelt entries. Common themes ran throughout: how a hectic schedule derailed efforts to stick to a beauty regimen; how lifestyle changes happened so fast your wardrobe couldn't keep up; how you wanted to help improve your families' grooming habits! But through it all, your humor and family affection was obvious and wonderful to see.

Ultimately, we chose a family who typified many readers: the CONTINUED

PHOTOGRAPHS BY JENNY ACHESON
PRODUCED BY CARLA ENGLER
TEXT BY CARLA ENGLER, PATRICIA REYNOSO, NADINE HAOBSH AND EVE ROSENZWEIG



Cernkovics of Tarpon Springs, Florida. Married for 14 years, Alexandra, 41, and Milan, 47, have three children: Christina, 12, Katie, 8, and Michael, 3. Alexandra, a former flight attendant and aerobics instructor who has been a stay-at-home mother for 10 years, wrote: "I'm so busy with my family that I feel out of touch with the part of me that loves to shop—and I want her back! Also, I'm unclear as to what a 'Mom' is supposed to look like." They'd all fallen into a major style rut—and Alexandra knew we could help!

Enter the *Ladies' Home Journal* SWAT Team, headed up by Fashion/Beauty Creative Director Carla Engler and Beauty Director Patricia Reynoso. We flew the Cernkovics to New York City and provided them with a fashion consultation for the whole clan to add a little kick to their closet. Next we rushed the ladies to manicures and Alexandra's first facial at Bliss Spa; Milan got his first pedicure and facial at the men-only Nickel Spa, followed by a trip to The Art of Shaving barbershop. The next day, the family got new dos at the exclusive John Barrett Salon. Makeup artist Vincent Longo (Kim Cattrall and Jada Pinkett Smith are clients) helped to enhance Alexandra's good looks. They topped off their makeover with a trip to see the musical *42nd Street*, for the ultimate New York experience.

At the end of their trip, the Cernkovics looked incredible and had absorbed beauty and fashion insights that they took home (and that you can take advantage of, too). Plus, they got to keep the clothes and beauty products to maintain their new looks. "For three days, I felt like a princess with all this attention," says Alexandra. "And it was amazing to see my family look and feel so special." CONTINUED

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Boldly Going Fashion Forward



BEFORE

Before her children were born, Alexandra loved dressing stylishly. Now, with so little time for herself, buying a new blouse on the run is as far as she gets.

But she was itching to make a change. "I would look through countless hard-core fashion magazines and have no idea what would realistically work for me," Alexandra explained. Alexandra's first outfit (left), with its zebra pattern skirt, bright tangerine sweater and black jean jacket, convinced her that being a bit bolder is good: "This outfit is something I would never have dreamt of putting together, especially the bold pattern mixed with a bright color," Alexandra admitted. "I had been living in classic solids for so long."

"It worked," explained Carla Engler, "because of Alexandra's height [5'8"], and the dark jacket helped to balance the bold color and busy pattern." The second look, a pretty tweed jacket, classic white shirt and pearls unexpectedly mixed with rugged jeans and boots (opposite, above right), showed Alexandra how feminine, polished pieces can rescue an everyday look from getting too sloppy.

When a turtleneck and flat boots were added to an "evening" circle skirt (opposite, below left), it instantly gave her the option to use this special piece as daywear. "Those are the kinds of simple tricks I need to know!" she said.

CONTINUED

For all shopping details, see page 187











The Beauty Beneath

We then took Alexandra to Bliss Spa for a manicure and pedicure, followed by a facial. While Alexandra's oily skin already concerned her, the Bliss aesthetician, Anastasia Companpi, told her she also had dull patches, uneven tone and a few fine lines. She suggested the deep cleansing Triple Oxygen Treatment, which declogs and feeds nutrients to the skin. Ninety minutes later, Alexandra glided out of the facial room, her skin literally glowing.

Alexandra also gathered skin-care tips. Usually she'd cleanse twice a day and apply an SPF cream. Ann Marie Cilmi, Bliss Spa's director of education, noticed, however, that Alexandra's routine lacked antiaging products. She suggested a light, antioxidant-rich lotion to keep wrinkles at bay (such as Bliss Spa Quiet Type Moisture Lotion, $40), an exfoliator to slough away dull skin (such as Ponds Exfoliating Cleansing Towelettes, $6.99) plus an eye cream to treat fine lines. (Companpi likes DDF Protective Eye Cream, $42.) "After just a few days, I've already seen an improvement," Alexandra said later.







THE MANE EVENT Alexandra hated the gray creeping into her naturally blond hair. Since she takes aerobic and yoga classes several times a week, her hair was usually pulled back in a no-style ponytail. But her biggest sin was that she hadn't gotten a salon haircut once in 10 years.

"Alexandra is incredibly busy and sacrifices style because she doesn't have enough time," said salon owner and celebrity hairstylist John Barrett, adding, "she has great hair, with lots of wave." Barrett decided on a do that she could style in five minutes, a must when Alexandra is rushing the family out the door in the morning.

Hair color was Alexandra's one vanity; she'd been adding at-home highlights for years with mixed results. The colorist dyed Alexandra's hair dark blond and then painted contrasting strands over it to match the dark undertones in her hair and make the new color look more natural.

Next, Barrett trimmed a few inches, framing her face with layers but leaving it long enough to pull into a ponytail for workouts. After running gel through her hair (try TRESemmé Curl and Scrunch Hair Spray, $3.99) and twirling it into several one-inch sections, he used a diffuser to dry and complete her do. At the photo shoot the next day, the stylist simply touched up a few curls with an iron. "I can't believe how easy it is to style!" Alexandra marveled.

THE MAGIC OF MAKEUP Alexandra's old routine consisted of concealer, mascara and lip gloss. Makeup artist Vincent Longo focused on her blue-green eyes, saying, "They're gorgeous, and they should be brightened up even more." He smoothed on primer to hydrate and even her skin texture (he used Vincent Longo Water Canvas Base Primer, $39.50), then applied concealer (such as Aveda Inner Light Concealer, $15) under her eyes and around her nose, where her skin was a bit darker. For her eyes, Longo opted for a brown liner instead of black (try Clinique Quickliner for Eyes in Dark Chocolate, $14.50), which can be too harsh for light eyes. He also applied pink eyeshadow (such as Wet 'n Wild MegaEyes Shadow Pot Single in Cherub, $1.99) on the inner corners to highlight them. Longo loved Alexandra's usual lip look of pink gloss, which adds a touch of brightness without overpowering her eyes. (He used Vincent Longo Lipgloss in Cherros, $21.)

Alexandra was amazed at her transformation. Milan took a peek and gushed, "Wow, she's really something."

CONTINUED

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Boys to Men



BEFORE

GUY GROOMING Milan's first stop was Nickel Spa, a top men-only spa, for his pedicure. As a lead Delta Airlines aircraft technician, Milan stands for up to 10 hours daily, wearing heavy, metal-toed shoes. "My feet are always in pain," he said. "I come home and bribe the kids into rubbing them." He enjoyed an hour-long pedicure, during which the pedicurist massaged, de-callused and moisturized his weary feet.

Next up: a facial. The Florida humidity both dulled Milan's skin and





caused him to break out. After the facialist learned that Milan's skin routine was nil (just soap and water), she spent an hour cleansing his face, massaging it to rev up his circulation and extracting pimples. As Milan staggered from the treatment room, he couldn't stop raving. "It was incredible. The extraction part hurt a little bit, but wow . . . the results are great." The facialist recommended a light moisturizer for Milan's oily skin (such as Nickel Moisturizer for Light Complexions, $35).

The next stop was The Art of Shaving for a mustache removal. "I don't mind the mustache," Milan said, "but I get rid of it every couple of years because Alex prefers me without it—so here we go!" He received a Royal Shave, a six-step treatment culminating with Milan's big moment, the removal of his signature mustache. He was less taken with his hairless face, however, than he was with the charming, old-fashioned barbershop. "It was like something out of *The Godfather*."

The final destination was the John Barrett Salon for father-son trims. Before cutting, Barrett joked that Milan's hair was starting to resemble





a 1970s mullet. Barrett then texturized 3-year-old Michael's hair with razor shears and cut it shorter, topping it off with gel.

STYLING FAMILY SAVES Milan's idea of a fun Saturday isn't trolling the mall, so his wardrobe tended to be polos and khakis for better occasions, T-shirts and jeans for casual wear. When we offered him a range of different pieces, such as the purple-and-black striped shirt (opposite, below), his response was transforming. "Now, I want to go out more with my wife, start exercising and really take care of myself," he remarked. His favorite outfit (page 69) was a rugged but stylish wind- and rain-resistant thin outer jacket and sporty sweater, which he admitted gave him "an unexpected confidence boost." Engler admitted that the sport jacket with jeans (opposite, above) is perfect for a dinner out, but he can shed the blazer and throw on funky sneakers for an easy weekend look.

Michael needed a new preschool "big boy" look, so we supplied him with some options that made him feel very grown up. After trying on every single pair of boots, he posed in a varsity jacket and a preppy argyle vest with jeans (opposite, top right). Then he took a much-deserved nap in an orange hoodie, jean jacket, camo pants and a very cool logo tee (bottom right). Both outfits are sure to provide plenty of give for little boy roughhousing, too.

CONTINUED













Sugar and Spice and Everything Stylish



BEFORE

WARDROBE 101. Starting middle school isn't easy, and Christina wanted to make sure she had the right kind of cool. At 12 years old, she is already 5'4", which means she is buying teenage clothing. We found great, easy pieces with updated flair that she took to immediately. Her favorite outfit was a cropped, beige corduroy jacket, cream cord skirt and punchy striped sweater (opposite, below left) because it had the clean, sporty lines she loved. Christina also likes to avoid anything too frilly and traditional, which is why the camouflage jacket, cord skirt, yellow sneakers and patterned stockings, leg warmers and scarf (opposite, below right) hit all the right notes. The newly popular poncho with jeans and moccasin boots (left) were the right mix for school, too. "I would never have thought about a poncho, but when I saw it together with these jeans, which I love, it looked very cool," Christina said. Katie, 8, wanted to make a change from her tomboy tees and jeans. We put her in a floral coat over a striped turtleneck and funky crystal-embellished jeans (opposite, above left). The color-blocked poncho, bright cord skirt, striped tights and patchwork clogs (opposite, above right) are a more girlie look that's right for the classroom, too.

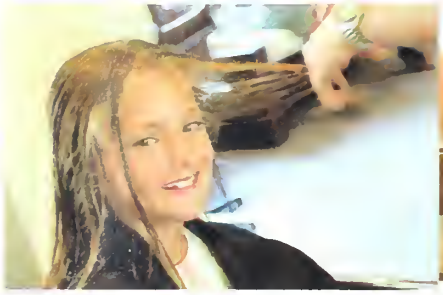
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Girls' Day Out

NAIL CALL While Alexandra was enjoying a classic French manicure and pedicure, the girls went for wilder versions. Christina chose metallic navy polish (Essie polish in Aruba, $7), and Katie opted for alternating colors, with light blue and pale pink on every other nail (Essie Blueberry Crumb and Baby Cakes, each $7). While soaking the girls' fingers in a bowl of water and rose petals, the pedicurist massaged their feet, prompting the girls to squeal, "It tickles!" They were delighted to be pampered right alongside their mother, laughing and joking as they sipped cucumber-flavored water and nibbled on brownies.

HAIR CARES With hair nearly to her waist, Christina was craving a change to a short do. She decided to get rid of most of her hair and donate it to Wigs for Kids, an organization that makes hairpieces for cancer patients. To start, John Barrett divided her thick hair into three pigtails, chopping off each with a single snip: more than 12 inches gone in a matter of seconds! Christina grinned as he cut, though she seemed a little stunned when she realized just how short it was. After Barrett scrunched mousse into her hair (such as Garnier Fructis Style Curl Construct Mousse, $2.99), blew it dry and touched up the ends with a shine-enhancing serum (he used John Barrett Air Repair Polishing Spray, $19), Christina had a versatile new style that could go into a funky flip, be smoothed straight for a polished look, or air-dried into glamorous waves. Alexandra and Katie cheered her on, telling her how much they loved her new look.



Christina quickly fell in love with her new cut and remarked at how much easier it would be to care for as she caught her reflection in the salon's mirrors.

Katie inherited her mother's curly hair, and while she liked her curls, she often pulled her cute-but-unruly mane away from her face. (Her mom was equally unsure how to play up her younger daughter's ringlets!) Barrett snipped off just a few inches—leaving it long enough to gather in a ponytail for sports—then showed Katie how to use a moisturizing gel (he used John Barrett Bee In Control Anti-Frizz Gel, $19) to shape and smooth her curls. The end result: frizz-free tresses with minimal effort. Just what she needed to take her from school to softball to Brownies!





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PHOTOGRAPHS BY JACK GUY

THANK HEAVEN FOR HEATHER

Heather Locklear [illegible] television [illegible] timely new show. Here, she opens [illegible] Richie Sambora and her [illegible]

By Jeanne Wolf

Heather Locklear might not seem like a meat-and-potatoes kind of girl, but the gloriously blond and beautiful actress—wearing jeans and a stylish wrap sweater over a sexy lingerie top—is right at home at the steak house where we met. "I really want the shrimp, but it's so garlicky I won't be able to go anywhere afterward if I have it," she says with a laugh. Instead she orders a New York strip steak medium rare, with sautéed spinach and home fries. "It's crazy—people think that if you're an actress, you barely eat!" When the waiter offers up a surprise dessert—a seductive chocolate mousse cake topped with luscious vanilla ice cream—she declares, "This is worth it." She's fun to eat with, so I decide not to be mad at her for the fact that none of these calories ever seem to show up on her sleek physique.

But Locklear doesn't want to talk about food as much as her new NBC series, *LAX*, in which she stars as Airfield Chief Harley Random. She says that while her character is driven and emotional, Random, like Locklear, definitely "has a fun and sexy side too."

There are few actors who can rival Locklear's television track record, beginning with *Dynasty* and *T.J. Hooker* in the 1980s and continuing on *Melrose Place* and *Spin City* in the 1990s. In *LAX*, one of the world's busiest airports provides the backdrop for lots of drama and also some funny and frantic competition with her rival, the terminal chief played by Blair Underwood. On the set it was instant mutual admiration. She describes Underwood as "a gentleman who is impossibly handsome."

That's just a professional observation, of course, as Locklear has been married happily for 10 years to Richie Sambora, 45, lead guitarist for Bon Jovi. They delight in raising their 7-year-old daughter, Ava Elizabeth, and romping with Tico, their Chihuahua, and Lambchop, their Maltese.

LHJ: Prime time hasn't been the same without you. You took a break for almost two years.

Locklear: But it wasn't a plan. It just happened. It's complicated when you haven't had time off in 25 years and then you have to discover a new perspective on the world and really try to figure out who you are. But let me tell you, there was lots of anxiety. I just was waiting for something that seemed right. It was strange.

LHJ: Wouldn't you have been happy just living a life of leisure and raising your daughter?

Locklear: Not at all. I need to work, that's what I've discovered. But I also need a balance, so my life isn't all acting and no play. I need both. Doing *LAX* is making that a little rough because it's really long hours and the set is far from my house. But it's a great show.

LHJ: Your character is helping to run an airport in a post–September 11th world in which we live with a fear of flying. Were you afraid to fly after that horrible day?

Locklear: I was afraid. I didn't fly commercially for like a year and a half. Then I said, "This is crazy. I'm losing money, taking private planes." What helped was doing the show. We came to LAX and realized it's secure. We saw the ins and outs, the background checks and I think, hopefully, the audience will see that everybody's job at LAX is about security.

LHJ: Your character is sassy but also has maturity and experience.

Locklear: I talked to the writers and I said, "You know, I'm a woman who's 42 and I have lived a life and so has this character, Harley. If you're running LAX, you're not just some girl who got lucky. You had to have worked hard and know how to play the game." I also told them that there has to be mystery because women have mystery—that's what's great about us. I felt so proud of myself for saying that, and they loved it.

LHJ: You have sexual tension with your handsome co-star, Blair Underwood. Where is that going?

Locklear: Something happened in the past with them but now we're competitors and there's an attraction in that. But our characters have also got to be friends and work together, too. So I don't think they'll ever show anything because once you show the romance, it's over and it's not as fun to watch. But the writers did say that my character has a long list of men to choose from. Lots of boyfriends. I put that in my contract!

LHJ: So when you do have a little onscreen romance, how will your husband feel?

Locklear: He'll hate that I'm saying this, but Richie didn't like all the sexy stuff on *Melrose Place* and I don't blame him. When something romantic with me would be coming up and he was watching, he'd say, "Tell me when I should walk out of the room." He'd leave and come back after the scene.

LHJ: But Harley's lovelife is not what's driving her. She's a very strong woman and I would guess you connected with that part of her.

Locklear: In a way, when I'm talking about her I am talking about myself. That's what I want to get across to women. We've gotten this far, and I think with that comes a wisdom, something for other women to look up to, and for our mothers to look upon and be proud of. And we should be proud of ourselves.

LHJ: It takes some living to get to that place. Have you had some important role models?

Locklear: My mother is pretty strong, but so is my daughter. I'm in between, figuring out everything I get from both of them.

LHJ: What do you learn from Ava?

Locklear: So much. I realize there's a human being there that is not me and yet she's my child. Ava is amazing. She's an CONTINUED ON PAGE 86

HEATHERS WE HAVE LOVED, AND LOVED TO HATE . . .

Heather Locklear has heated up some of TV's biggest hits:



As *Dynasty*'s Sammy Jo, in 1981, Locklear, with Ted McGinley, sported some serious shoulder pads while bed hopping



Walk softly and have big hair—upholding the law with William Shatner on *T.J. Hooker*, 1982 to 1986



Melrose Place started to sizzle in 1993 when Locklear moved in as the man-eating Amanda, here with Jeffrey Nordling



Locklear boosted *Spin City*'s popularity starting in 1999, first with Michael J. Fox, then with Charlie Sheen

Gather Around Attic Heirlooms



ove: Rectangular Leg Table and China in Natural Oak Stain Finish; and indsor Arm Chair, Windsor Side Chair and Dining Chest in Antique Black nish. Top: Counter Table in Natural Oak Stain Finish; and Hoopback Bar ool and Dining Chest in Antique Black Finish.

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Feather Bed in Antique Black Finish, and Drawer Chest and Night Stand in Natural Oak Stain Finish.

Below (left to right): Library Cabinet in Eggshell White Finish; Entertainment Unit (open and closed) in Natural Oak Stain Finish; and Pier Unit in Natural Oak Stain Finish.









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"IN MY 20S I ACTUALLY SAID TO MY MANAGER, 'I CAN'T WAIT TO HAVE WRINKLES.' NOW I'M LIKE, 'YOU IDIOT.' "

only child and she's very individual and strong-minded. I was quieter when I was her age. It's my job to raise her and protect her and be a good role model, hopefully, for her as a woman. She can choose whatever she wants, but I want her to be a strong, proud woman.

LHJ: Did you ever consider having another child?

Locklear: I loved Ava so much from the start, but I actually had a hard first year. I had that postpartum thing and didn't see the light for a full year. Like at three months I was going, "Wow, where's my life?" It just was tough. And I was working on *Melrose Place* so it was really hard to have the husband, the career, and the baby. So it truly took a year. And then I would think every year, "maybe another one." And my mom was like, "If you wait too long, you're not going to want to do it." Now, every once in a while I go, "Well, a seven-year difference isn't too bad."

LHJ: How does your husband feel?

Locklear: Richie is an only child, and his mother was an only child. So he has a whole different outlook. I came from a bigger family, so I worry about how not to spoil her. For me, there's guilt and worry galore, always. And he's like, "What do you mean? Love her. What's the problem?"

I think I do give her more freedom than probably I should. So, that I struggle with. Richie is great with her. He does the night shift, and I do the day shift. He watches *Finding Nemo* all the time. He'll watch any movies with her. He's a good daddy.

LHJ: So you are the only one concerned about spoiling her?

Locklear: I watch out for it a lot. But Richie is like, "She'll be fine. Give me a kiss. You girls are against me." It's also the girl-boy thing. He's like, "You girls."

LHJ: Does your daughter love to hear him call you two "girls"?

Locklear: Oh yeah. She also says this funny thing. Richie is Catholic and he taught her to say, "In the name of the Father, the Son and the Holy Ghost." So she prays "In the name of the Father, the Son and the Holy Ghost" and then she adds "In the name of the mother, the daughter and the Holy Ghost" [*laughs*], and I go, "Oh, Lord, she is my daughter."

LHJ: Does Ava go to Bon Jovi shows?

Locklear: She actually just started to this past year. Jon Bon Jovi will bring the daughters of the band members on and then he'll sing to them. One night Ava was the only one there, the other kids had gone home, so Jon goes, "Come on out." And she came out thinking that the stage was hers, in front of like 90,000 people. And she was dancing when Jon was trying to sing with her.

LHJ: Will she be a rocker or an actor?

Locklear: I don't know, she's a little bit of both right now. She sings. She wants an CONTINUED ON PAGE 90

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"He's very romantic!" says Locklear of her husband of 10 years, Bon Jovi rocker Richie Sambora

audience. She reads my lines with me. She goes, "I want to do your part." It's so fun. we'll sit on her bed and she'll go, "Okay. I'll help you, Mommy, look at your script." I mean, she's my favorite person on earth.

LHJ: Daughters can sometimes become fashion critics—is Ava?

Locklear: Sometimes she goes, "Mom, that's not cute" or "that's too sexy." Or she protects Daddy: "Oh no, not without Daddy." I'm like, "Wow. Not without Daddy?"

LHJ: How did Ava feel about your teaming up with Hilary Duff in *The Perfect Man*?

Locklear: When I told her that I had to go to Toronto for two months, she said, "Mommy, you're not going to leave me again, are you?" And I said, "But it's with Hilary Duff." Ava said, "Okay, you can go but I have to meet her." So she came and met her and Hilary was just great.

LHJ: So did you give Hilary any advice about men?

Locklear: Oh, we had a few little discussions. I won't even go there.

LHJ: You'd know what to tell her. You're married to a rock star who's had lots of women chasing him.

Locklear: I know! When I first saw Richie, I prodded my girlfriends, saying, "Get me that man." He was a little hesitant, but I pushed. To this day he'll say, "We got married really quick." He teases but he's also very romantic. He still plays music to me. He's like, "Whatever you want, Heather."

LHJ: What does Richie do that irritates you?

Locklear: Oh, I can't think of a single thing [*laughs*].

LHJ: C'mon.

Locklear: You know, it's always dumb stuff. "Put it away." "Lock the door." And since I'm back at work, the earphone thing. He comes home late and he won't want to wake me. So sometimes at 12 or whatever time in the morning, he turns on the TV in our bedroom and puts earphones on so I won't hear the sound. But there's blinding light from the screen and I wake up from his snoring. I'll start to turn off the TV and he'll say, "I'm [*snore*] still watching."

LHJ: So this is the glamorous life.

Locklear: Ha—I kid him and say, "Aren't you a rock star?" Actually, he doesn't look too bad with earphones on because he wears them when he's recording.

So I just imagine him with a cowboy hat and a guitar and it's cute. He comes home at midnight and he knows that I leave at 4:45 A.M. So we're missing each other. We both love our work so we give up certain things to do our work, and at other times we give up our work to have our life with each other.

LHJ: Are you romantic?

Locklear: Not as much as Richie. I am, but my ideal is to keep surprising him. He still thinks I'm a little kooky.

LHJ: Does it sometimes seem a little strange to have your ex-husband, Tommy Lee, in your face all the time because he's in headlines?

Locklear: It's very odd. And there's no two ways about it, it bugs me. I don't know if it bugs him, but it bugs me. And not that I'm mad or anything. It's just like, that's ancient history. "Go away. Have a private life."

LHJ: You know people sometimes describe you as a "guys' girl," and they also say "women love her." I think both things are true about you.

Locklear: I hope so, because I feel I'm a woman's woman. I like to look out for other women. I also do guy things. I have a mouth on me—but not in front of my child. I play sports. So, I can get down with the guys.

LHJ: How do you feel about plastic surgery, which is getting such a boost from reality shows right now?

Locklear: I remember in my 20s, I saw myself on screen for some show and actually said to my manager, "I can't wait to get wrinkles." Now I'm like, "You idiot." When you don't have wrinkles it's easy to say. You certainly don't judge anyone else for having plastic surgery. Live your own life and make your own decisions.

LHJ: Do you cook?

Locklear: No, no, no. I can microwave and boil water. I can make tacos.

LHJ: What are you doing for Thanksgiving?

Locklear: We usually do it at my sister's but this year I'm trying to wrangle them into going to Laguna Beach, where we have a house. Shovel everyone in, sleep on the floors and make it a really close holiday.

LHJ: Does your family help you keep your celebrity in perspective?

Locklear: I go straight home from the set. I am just comfortable in my house, my bed, the couch, our kitchen, whatever. I like to be with my family.


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Ladies' Home Journal
SPECIAL REPORT

The Stressed-out American Family
PART EIGHT

TOO STRESSED FOR SEX?

Men's libidos remain strong no matter how pressured they feel. Not so for women, whose sexual response is much more nuanced and complicated, it turns out. But skipping sex is not a healthy solution, warn social scientists, who have ideas about how to help

BY GINNY GRAVES

Carolyn, 44, a married education professor at a university in Northern California, likes the idea of sex. She says it makes her feel attractive and she appreciates how it brings her closer to her husband, Jeffrey. But when it's 10:30 at night and he gives her those bedroom eyes, "I cringe inside," she says. "I feel bad, but having sex is often the last thing I want to do." The problem, she says, is that the competing demands of her life—a fast-paced career, an hour-long commute, two school-age kids with packed schedules of their own, hours of volunteer work in their classrooms—take a steep toll on both her energy *and* her libido. Last year Carolyn started getting up at 4 A.M. to grade her students' papers, but she admits it's not a happy solution. "Now I'm tired and cranky as well as stressed—especially at night. My brain must be going a million miles an hour, worrying about all the things I haven't gotten done, and I just can't shut it off," she says ruefully. "That's not exactly an aphrodisiac."

Jeffrey, 51, is sympathetic—up to a point. He, too, has a stressful job (as a psychologist at a state mental hospital, where he often puts in 10-hour days), a long commute of his own and never-ending projects CONTINUED

on their fixer-upper house. None of that, however, puts a damper on *his* sex drive. "When I'm stressed, sex is what I want most because it's completely relaxing," he says. "I could be outside in a snowstorm surrounded by a pack of hungry wolves and I'd still be in the mood. So it's hard for me to understand why she can't just let it go."

Carolyn and Jeffrey are a contemporary version of the Jack Sprats. They have incompatible appetites—for sex. It's a problem that, by many accounts, has reached epidemic proportions across the country. Low desire affects at least one partner in one of every three marriages, according to marriage therapist Michele Weiner Davis, author of *The Sex-Starved Marriage: A Couple's Guide to Boosting Their Marriage Libido*. "Research seems to suggest that about 20 percent of married couples have sex fewer than 10 times a year," she says. "There's no prescription for a healthy sex life, but I think it's safe to say that at that rate there's probably one unhappy spouse who wishes for more."

UNFORTUNATELY, MOST STUDIES show it's women who are likely to lose that loving feeling. In a national survey of more than 3,000 people between the ages of 18 and 59, researchers at the University of Chicago found that 22 percent of women have low sexual desire compared with just 5 percent of men. Since then, thanks in part to the success of Viagra and similar drugs among men, doctors and researchers have set about uncovering the physical causes of women's sexual lows.

But the problem has proved stubbornly resistant to quick fixes, leading a growing number of experts to believe that the cause may lie not in our bodies but in our overextended, overstimulated and overscheduled lives. When Carol Rinkleib Ellison, a clinical psychologist in Oakland, California, surveyed more than 2,600 women for a recent book, *Women's Sexualities*, she found that, of the 1,600-plus participants who said they had a major sexual concern, 34 percent named lack of desire as the No. 1 issue—a problem that many blamed on fatigue and emotional overload. "Clearly, there's not a pill, cream or spray that's going to cure that," Ellison says.

Men's sex drives seem to be less affected by outside pressures. Researchers at The Kinsey Institute for Research in Sex, Gender and Reproduction, in Bloomington, Indiana, recently found that stress and anxiety lessened desire for 28 percent of the 919 men they surveyed, but they also found that nearly as CONTINUED

Your Antistress Action Plan

Some ways to help you de-stress—and get in the mood for love

1. Meditation can be invaluable for shutting off the ticker tape of chatter in your brain and keeping yourself anchored in the moment. "Just 10 minutes of meditation helps calm the part of the brain that experiences the outside world and activates the part involved in focus and attention," says Daniel Amen, M.D., [illegible] psychiatry at the sitting on the floor, legs crossed and back propped up against the wall with pillows for comfort. Close your eyes and try to focus on your breath moving in and out of your body.

2. Exercise is also one of the best ways to slough off stress. It also has the benefit of heightening sexual arousal. Several years ago, Cindy Meston, Ph.D., associate professor of clinical psychology at the University of Texas at Austin, has found that women with low sexual desire who did 20 minutes of fairly intense cardiovascular exercise (at 70 percent of maximum heart rate) before watching an erotic video became more aroused than when they watched the film without exercising first.

3. Before getting into bed at night, do something relaxing with your spouse to mark the transition from a hectic to a quiet evening. Take a short walk or warm bath, have a glass of wine, watch a funny TV program (laughter is a powerful stress reducer) or plan a vacation, even if the actual trip is years away.

4. If your sex drive remains low for a prolonged period, have your hormone levels checked to see if there's an underlying physical problem.

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many—21 percent—said it actually increased their interest in sex. "Men are more likely to see sex as a stress reliever, whereas for many busy women, their husband's desire is just another demand on their time and energy," says Alice Domar, Ph.D., director of the Mind/Body Center for Women's Health at Boston IVF.

When one partner backburners sex, experts say, it almost always creates marital tension. "Sexual rejection feels personal," says Weiner Davis. "You know you still love him, but he may not be so sure."

Such couples are also missing out on a primary method of bonding. "Jeffrey and I are nicer and more tuned in to each other the day after we make love," says Carolyn. "Maybe it's because we've shared something that we don't share with anyone else."

Experts agree that physical intimacy breeds emotional intimacy. "When it's scarce, couples stop kissing hello, sitting next to each other on the couch and laughing at each other's jokes," says Weiner Davis. "You can't afford to be complacent about a ho-hum sex life."

Researchers trying to tease out the complex interaction between stress and desire have found that everyday hassles and upsets can wreak havoc with hormones. Cortisol, a hormone secreted during stressful situations, is essentially a chemical messenger that tells your brain you're under siege. As it goes up, levels of testosterone, which fuels libido in both men and women, may go down, according to Robert Sapolsky, a professor of biological sciences and neuroscience at Stanford University and author of *Why Zebras Don't Get Ulcers: An Updated Guide to Stress, Stress-Related Diseases, and Coping*.

Men's libidos may be less affected by stress than women's because they have about 20 times more testosterone than women do to start with—way more than they need to feel amorous, especially when they're young. So even if your spouse's sex drive takes a big hit from stress, chances are he's hardly running on empty. Men's testosterone levels do drop about 10 percent each decade after 50, causing about one in 10 between the ages of 50 and 60 to suffer from low testosterone levels, which can cause diminished interest in sex.

> "When sex is scarce, couples stop kissing hello, snuggling on the couch and sharing jokes. You *can't* be complacent about a ho-hum sex life"

IT'S FAR LESS CLEAR HOW MUCH damage a stress-induced testosterone drop does to women. Studies have shown that women with abnormally low levels of CONTINUED


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SPECIAL REPORT

testosterone suffer from low sex drives. But researchers at the University of Pennsylvania, in Philadelphia, who followed 326 women between the ages of 35 to 47 for four years and measured their hormone levels every eight months found that women who reported decreased libido had testosterone levels similar to those with normal sexual desire. The researchers, who reported their findings this past March, did find there is some evidence of a testosterone–desire connection, however: Women who had the greatest variation in testosterone levels—a condition that could be triggered by stress—were four times more likely to report decreased libido.

If such fluctuations undermine desire, the long-awaited testosterone patch would appear to be the perfect antidote because it releases a low, controlled dose of the hormone. Indeed, Procter & Gamble recently announced remarkable results from the third phase of its study of the patch, which, if approved, could be available for prescription sometime next year. The 562 women in the study, ages 26 to 70, who had low sexual desire and low testosterone levels as a result of having both ovaries removed, experienced a 56-percent increase in sexual desire as well as a 74-percent increase in the frequency of "satisfying sexual activity."

Unfortunately, experts warn, the results may not translate to premenopausal women. "Everyone is talking about testosterone as if it makes this huge difference in sex drive, but if you look at the data carefully there's very little evidence that the average woman without a true testosterone deficiency will benefit from it," says Neil Goodman, M.D., professor of medicine at the University of Miami School of Medicine, in Coral Gables, Florida.

One of the most effective strategies for rekindling the embers of romance? Create a climate in which your knee-jerk "not tonight" becomes a "maybe"

In fact, unlike the success of Viagra among men, most attempts to find a pharmaceutical fix for low libido in women have been fruitless. After eight years of research and testing, Pfizer announced in February that it was abandoning its effort to demonstrate that Viagra might boost women's sexuality. That doesn't mean researchers are giving up on either gender, however. Some groups, for instance, have pinned their hopes—and research dollars—on PT-141, a new drug that purportedly helps both men and women feel randier, all with a quick whiff or two of a nasal spray.

The failure of Viagra among women, however, made sex researchers realize just CONTINUED

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how much their sex drives differ from men's. When men are physically aroused, they crave sex (and vice versa). Obvious, you say. But even when a woman is physically aroused, she may not feel desire. "You can increase all the ingredients involved in female arousal, you can even produce clitoral engagement and vaginal lubrication, but a woman still isn't going to want to have sex if she's feeling overwhelmed and thinking about the 18 things she has to do the next day," says Sandra Leiblum, Ph.D., director of the Center for Sexual and Relationship Health at the Robert Wood Johnson Medical School, in Piscataway, New Jersey. In other words, women's libidos exist almost solely in their heads, not their bodies.

IF DESIRE IS MORE PSYCHOLOGICAL than physical for women, it's not difficult to understand why stress would result in the body's sexual boycott. "Stress is an enormous mental distraction," says Daniel Amen, M.D., co-author of *Healing Anxiety and Depression*. Studies have found that when women are preoccupied, especially with negative thoughts, they're less interested in sex. In one intriguing study, researchers at the State University of New York at Buffalo had 48 adults listen to a scripted audiotape of a sexual encounter where the man and woman made mean, inflammatory comments to each other. Seventy-nine percent of the women participants said they would have become so angry in a similar situation that they would have ended the encounter; a similar percentage of men said they would have felt angry but that it wouldn't have interfered with their sexual activity.

"Men are better able to compartmentalize their emotions, especially when there's the prospect of sex on the horizon," says Dr. Leiblum. For that same reason, it may be that women find it more difficult to tune out distracting thoughts when it comes to making love.

"Aside from a reasonable lover, the main ingredient of good sex and orgasm is attention span," says Dr. Amen. "Fact is, you're simply not going to be able to get into sex if your mind is somewhere else." Indeed, researchers at Ball State University, in Muncie, Indiana, found that women who say they're easily distracted during sex are less satisfied by the experience in general and more likely to fake orgasms than those who are mentally engaged. And unsatisfying sex can make you less likely to seek out sex again, further depressing an already-flagging libido.

GOOD SEX, ON THE OTHER HAND, will make you want more—one reason therapists like Weiner Davis are advocates of the "just do it" school of sex therapy. She and others point to new research showing that women's sexual response cycles are different from men's and warn that if women wait until they feel lustful to have sex, they may be waiting a long time. "Many women and even some men—particularly those who have been married awhile and are juggling work and family—don't experience spontaneous sexual desire," says Dr. Leiblum. "But if they can relax enough to be intimate with their partner—to start kissing or stroking—then they get turned on." In other words, desire actually follows arousal, rather than the other way around.

As a result, the most effective strategies for rekindling the cooling embers of passion are to create a climate in which your knee-jerk "not tonight" becomes a "maybe." For most people, that means taking active steps to shed stress and make a conscious shift into a slower, sexier mind-set. Carolyn says that massage is most effective for ridding her mind of clutter and feeling more relaxed, but she doesn't ask her husband for one very often because she feels bad about never reciprocating. Jeffrey was surprised to hear that. "I don't mind, really," he told her. "If it helps you, I'm happy to do it." Several nights later, Jeffrey offered Carolyn a massage, she accepted, and voilà, they segued quite naturally—and happily, Carolyn says—into a romantic interlude.

"You don't need to be dying to have sex every time you and your partner start to kiss," says Dr. Ellison. "Just agree to touch each other and see where it leads." You'll probably be happy you did.

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None known.

WARNINGS

Since sleep disturbances may be the presenting manifestation of a physical and/or psychiatric disorder, symptomatic treatment of insomnia should be initiated only after a careful evaluation of the patient. Failure of insomnia to remit after 7 to 10 days of treatment may indicate the presence of a primary psychiatric and/or medical illness which should be evaluated. Worsening of insomnia or the emergence of new thinking or behavior abnormalities may be the consequence of an unrecognized psychiatric or physical disorder. Such findings have emerged during the course of treatment with sedative/hypnotic drugs, including Ambien. Because some of the important adverse effects of Ambien appear to be dose related (see *Precautions* and *Dosage and Administration*), it is important to use the smallest possible effective dose, especially in the elderly.

A variety of abnormal thinking and behavior changes have been reported to occur in association with the use of sedative/hypnotics. Some of these changes may be characterized by decreased inhibition, eg, aggressiveness and extroversion that seemed uncharacteristic similar to effects produced by alcohol and other CNS depressants. Other reported behavioral changes have included bizarre behavior, agitation, hallucinations and depersonalization. Amnesia and other neuropsychiatric symptoms may occur unpredictably. In primarily depressed patients, worsening of depression, including suicidal thinking, has been reported in association with the use of sedative/hypnotics.

It can rarely be determined with certainty whether a particular instance of the abnormal behaviors listed above is drug induced, spontaneous in origin, or a result of an underlying psychiatric or physical disorder. Nonetheless, the emergence of any new behavioral sign or symptom of concern requires careful and immediate evaluation.

Following the rapid dose decrease or abrupt discontinuation of sedative/hypnotics, there have been reports of signs and symptoms similar to those associated with withdrawal from other CNS-depressant drugs (see *Drug Abuse and Dependence*).

Ambien, like other sedative/hypnotic drugs, has CNS-depressant effects. Due to the rapid onset of action, Ambien should only be ingested immediately prior to going to bed. Patients should be cautioned against engaging in hazardous occupations requiring complete mental alertness or motor coordination such as operating machinery or driving a motor vehicle after ingesting the drug, including potential impairment of the performance of such activities that may occur the day following ingestion of Ambien. Ambien showed additive effects when combined with alcohol and should not be taken with alcohol. Patients should also be cautioned about possible combined effects with other CNS depressant drugs. Dosage adjustments may be necessary when Ambien is administered with such agents because of the potentially additive effects.

PRECAUTIONS

General

Use in the elderly and/or debilitated patients: Impaired motor and/or cognitive performance after repeated exposure or unusual sensitivity to sedative/hypnotic drugs is a concern in the treatment of elderly and/or debilitated patients. Therefore, the recommended Ambien dosage is 5 mg in such patients (see *Dosage and Administration*) to decrease the possibility of side effects. These patients should be closely monitored.

Use in patients with concomitant illness. Clinical experience with Ambien in patients with concomitant systemic illness is limited. Caution is advisable in using Ambien in patients with diseases or conditions that could affect metabolism or hemodynamic responses. Although studies did not reveal respiratory depressant effects at hypnotic doses of Ambien in normals or in patients with mild to moderate chronic obstructive pulmonary disease (COPD), a reduction in the Total Arousal Index together with a reduction in lowest oxygen saturation and increase in the times of oxygen desaturation below 80% and 90% was observed in patients with mild to moderate sleep apnea when treated with Ambien (10 mg) when compared to placebo. However, precautions should be observed if Ambien is prescribed to patients with compromised respiratory function, since sedative/hypnotics have the capacity to depress respiratory drive. Post marketing reports of respiratory insufficiency, most of which involved patients with pre-existing respiratory impairment, have been received. Data in end-stage renal failure patients repeatedly treated with Ambien did not demonstrate drug accumulation or other alterations in pharmacokinetic parameters. No dosage adjustment in renally impaired patients is required; however, these patients should be closely monitored (see *Pharmacokinetics*). A study in subjects with hepatic impairment did reveal prolonged elimination in this group; therefore, treatment should be initiated with 5 mg in patients with hepatic compromise, and they should be closely monitored.

Use in depression. As with other sedative/hypnotic drugs, Ambien should be administered with caution to patients exhibiting signs or symptoms of depression. Suicidal tendencies may be present in such patients and protective measures may be required. Intentional overdosage is more common in this group of patients; therefore, the least amount of drug that is feasible should be prescribed for the patient at any one time.

Information for patients. Patient information is printed in the complete prescribing information.

Laboratory tests. There are no specific laboratory tests recommended.

Drug interactions

CNS-active drugs. Ambien was evaluated in healthy volunteers in single-dose interaction studies for several CNS drugs. A study involving haloperidol and zolpidem revealed no effect of haloperidol on the pharmacokinetics or pharmacodynamics of zolpidem. Imipramine in combination with zolpidem produced no pharmacokinetic interaction other than a 20% increase in the peak levels of imipramine, but there was an additive effect of decreased alertness. Similarly, chlorpromazine in combination with zolpidem produced no pharmacokinetic interaction, but there was an additive effect of decreased alertness and psychomotor performance. The lack of a drug interaction following chronic administration does not predict a lack following non-chronic administration.

An additive effect on psychomotor performance between zolpidem and fluoxetine was demonstrated.

A single-dose interaction study with zolpidem 10 mg and fluoxetine 20 mg at steady state levels in male volunteers did not demonstrate any significant pharmacokinetic or pharmacodynamic interactions. When multiple doses of zolpidem and fluoxetine at steady-state concentrations were evaluated in healthy females, the only significant change was a 17% increase in the zolpidem half-life. There was no evidence of an additive effect in psychomotor performance.

Following five consecutive nightly doses of zolpidem 10 mg in the presence of sertraline 50 mg, 17 consecutive daily doses, at 7:00 am, in healthy female volunteers), zolpidem C_{max} was significantly higher (43%) and T_{max} was significantly decreased (53%). Pharmacokinetics of sertraline and N-desmethyl-sertraline were unaffected by zolpidem.

Since the systematic evaluation of Ambien in combination with other CNS-active drugs have been limited, careful consideration should be given to the pharmacology of any CNS-active drug to be used with zolpidem. Any drug with CNS-depressant effects could potentially enhance the CNS-depressant effects of zolpidem.

Drugs that affect drug metabolism via cytochrome P450: A randomized, double-blind crossover interaction study in ten healthy volunteers between itraconazole 200 mg once daily for 4 days) and a single dose of zolpidem 10 mg, given 5 hours after the last dose of itraconazole resulted in a 34% increase in AUC$_{0-\infty}$ of zolpidem. There were no significant pharmacodynamic effects of zolpidem on subjective drowsiness, postural sway, or psychomotor performance.

A random zed, placebo-controlled, crossover interaction study in eight healthy female volunteers between 5 consecutive daily doses of rifampin (600 mg) and a single dose of zolpidem 20 mg, given 17 hours after the last dose of rifampin, showed significant reductions of the AUC (~73%), C_{max} (~58%), and $T_{1/2}$ (~36%) of zolpidem together with significant reductions in the pharmacodynamic effects of zolpidem.

Other drugs: A study involving cimetidine/zolpidem and ranitidine/zolpidem combinations revealed no effect of either drug on the pharmacokinetics or pharmacodynamics of zolpidem. Zolpidem had no effect on digoxin kinetics and did not affect prothrombin time when given with warfarin in normal subjects. Zolpidem's sedative/hypnotic effect was reversed by flumazenil, however, no significant alterations in zolpidem pharmacokinetics were found.

Drug/Laboratory test interactions: Zolpidem is not known to interfere with commonly employed clinical laboratory tests. In addition, clinical data indicate that zolpidem does not cross-react with benzodiazepines, opiates, barbiturates, cocaine, cannabinoids, or amphetamines in two standard urine drug screens.

Carcinogenesis, mutagenesis, impairment of fertility

Carcinogenesis: Zolpidem was administered to rats and mice for 2 years at dietary dosages of 4, 18, and 80 mg/kg/day. In mice, these doses are 26 to 520 times or 2 to 35 times the maximum 10-mg human dose on a mg/kg or mg/m^2 basis, respectively. In rats these doses are 43 to 876 times or 6 to 115 times the maximum 10-mg human dose on a mg/kg or mg/m^2 basis, respectively. No evidence of carcinogenic potential was observed in mice. Renal liposarcomas were seen in 4/100 rats (3 males, 1 female) receiving 80 mg/kg/day and a renal lipoma was observed in one male rat at the 18 mg/kg/day dose. Incidence rates of lipoma and liposarcoma for zolpidem were comparable to those seen in historical controls and the tumor findings are thought to be a spontaneous occurrence.

Mutagenesis: Zolpidem did not have mutagenic activity in several tests including the Ames test, genotoxicity in mouse lymphoma cells in vitro, chromosomal aberrations in cultured human lymphocytes, unscheduled DNA synthesis in rat hepatocytes in vitro, and the micronucleus test in mice.

Impairment of fertility: In a rat reproduction study, the high dose (100 mg base/kg) of zolpidem resulted in irregular estrus cycles and prolonged precoital intervals, but there was no effect on male or female fertility after daily oral doses of 4 to 100 mg base/kg or 5 to 130 times the recommended human dose in mg/m^2. No effects on any other fertility parameters were noted.

Pregnancy

Teratogenic effects: Category B. Studies to assess the effects of zolpidem on human reproduction and development have not been conducted.

Teratology studies were conducted in rats and rabbits.

In rats, adverse maternal and fetal effects occurred at 20 and 100 mg base/kg and included dose-related maternal lethargy and ataxia and a dose-related trend to incomplete ossification of fetal skull bones.

In rabbits, dose-related maternal sedation and decreased weight gain occurred at all doses tested. At the high dose, 16 mg base/kg, there was an increase in postimplantation fetal loss and underossification of sternebrae in viable fetuses.

This drug should be used during pregnancy only if clearly needed.

Nonteratogenic effects: Studies to assess the effects on children whose mothers took zolpidem during pregnancy have not been conducted. However, children born of mothers taking sedative/hypnotic drugs may be at some risk for withdrawal symptoms from the drug during the postnatal period. In addition, neonatal flaccidity has been reported in infants born of mothers who received sedative/hypnotic drugs during pregnancy.

Labor and delivery: Ambien has no established use in labor and delivery.

Nursing mothers: Studies in lactating mothers indicate that between 0.004 and 0.019% of the total administered dose is excreted into milk, but the effect of zolpidem on the infant is unknown.

The use of Ambien in nursing mothers is not recommended.

Pediatric use. Safety and effectiveness in pediatric patients below the age of 18 have not been established.

Geriatric use. A total of 154 patients in U.S. controlled clinical trials and 897 patients in non-U.S. clinical trials who received zolpidem were ≥60 years of age. For a pool of U.S. patients receiving zolpidem at doses of ≤10 mg or placebo, there were three adverse events occurring at an incidence of at least 3% for zolpidem and for which the zolpidem incidence was at least twice the placebo incidence, ie, they could be considered drug related:

Adverse Event	Zolpidem	Placebo
Dizziness	3%	0%
Drowsiness	5%	2%
Diarrhea	3%	1%

A total of 30/1,959 (1.5%) non-U.S. patients receiving zolpidem reported falls, including 28/30 (93%) who were ≥70 years of age. Of these 28 patients, 23 (82%) were receiving zolpidem doses >10 mg. A total of 24/1,959 (1.2%) non-U.S. patients receiving zolpidem reported confusion, including 18/24 (75%) who were ≥70 years of age. Of these 18 patients, 14 (78%) were receiving zolpidem doses >10 mg.

ADVERSE REACTIONS

Associated with discontinuation of treatment: Approximately 4% of 1,701 patients who received zolpidem at all doses (1.25 to 90 mg) in U.S. premarketing clinical trials discontinued treatment because of an adverse clinical event. Events most commonly associated with discontinuation from U.S. trials were daytime drowsiness (0.5%), dizziness (0.4%), headache (0.5%), nausea (0.6%), and vomiting (0.5%).

Approximately 4% of 1,959 patients who received zolpidem at all doses (1 to 50 mg) in similar foreign trials discontinued treatment because of an adverse event. Events most commonly associated with discontinuation from these trials were daytime drowsiness (1.1%), dizziness/vertigo (0.8%), amnesia (0.5%), nausea (0.5%), headache (0.4%), and falls (0.4%).

Data from a clinical study in which selective serotonin reuptake inhibitor (SSRI) treated patients were given zolpidem revealed that four of the seven discontinuations during double-blind treatment with zolpidem (n=95) were associated with impaired concentration, continuing or aggravated depression, and mania/ reaction; one patient treated with placebo (n=97) was discontinued after an attempted suicide.

Incidence in controlled clinical trials

Most commonly observed adverse events in controlled trials: During short-term treatment (up to 10 nights) with Ambien at doses up to 10 mg, the most common (≥ observed adverse events associated with the use of zolpidem and seen at statistically significant differences from placebo-treated patients were drowsiness, reported by 2% of zolpidem patients, dizziness (1%), and diarrhea (1%). During longer-term treatment (28 to 35 nights) with zolpidem at doses up to 10 mg, the most commonly observed adverse events associated with the use of zolpidem and seen at statistically significant differences from placebo-treated patients were dizziness (5%) and drugged feelings (3%).

Treatment-emergent adverse experiences in placebo-controlled clinical trials: The following are treatment-emergent adverse events from U.S. placebo-controlled clinical trials. Data are limited to data from doses up to and including 10 mg. In short-term trials, events seen in zolpidem patients (n=685) at an incidence equal to 1% or greater compared to placebo (n=473) were: headache (7% vs 6% for placebo), drowsiness (2% vs 0%), dizziness (1% vs 0%), nausea (2% vs 1%), diarrhea (1% vs 0%), and myalgia (1% vs 2%). In long-term clinical trials, events seen in zolpidem patients (n=152) at an incidence of 1% or greater compared to placebo (n=151) were: dry mouth (3% vs 1% for placebo), allergy (4% vs 1%), back pain (3% vs 2%), influenza-like symptoms (2% vs 0%), chest pain (1% vs 0%), fatigue (1% vs 2%), palpitation (2% vs 0%), headache (19% vs 22%), drowsiness (6% vs 5%), dizziness (5% vs 1%), lethargy (3% vs 1%), drugged feeling (3% vs 0%), lightheadedness (2% vs 1%), depression (2% vs 1%), abnormal dreams (1% vs 0%), amnesia (1% vs 0%), anxiety (1% vs 1%), nervousness (1% vs 1%), sleep disorder (1% vs 0%), nausea (6% vs 5%), dyspepsia (5% vs 6%), diarrhea (3% vs 2%), abdominal pain (2% vs 2%), constipation (2% vs 1%), anorexia (1% vs 1%), vomiting (1% vs 1%), infection (1% vs <1%), myalgia (7% vs 7%), arthralgia (4% vs 4%), upper respiratory infection (5% vs 6%), sinusitis (4% vs 3%), pharyngitis (3% vs 1%), rhinitis (1% vs 3%), rash (2% vs 1%), and urinary tract infection (2% vs 2%).

Dose relationship for adverse events: There is evidence from dose comparison trials suggesting a dose relationship for many of the adverse events associated with zolpidem use, particularly for certain CNS and gastrointestinal adverse events.

Adverse events are further classified and enumerated in order of decreasing frequency using the following definitions: frequent adverse events are defined as those occurring in greater than 1/100 subjects; infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients.

Frequent: abdominal pain, abnormal dreams, allergy, amnesia, anorexia, anxiety, arthralgia, asthenia, ataxia, back pain, chest pain, confusion, constipation, depression, diarrhea, diplopia, dizziness, drowsiness, drugged feeling, dry mouth, dyspepsia, euphoria, fatigue, headache, hiccup, infection, influenza-like symptoms, insomnia, lethargy, lightheadedness, myalgia, nausea, nervousness, palpitation, sleep disorder, vertigo, vision abnormal, vomiting.

Infrequent: abnormal hepatic function, agitation, arthritis, bronchitis, cerebrovascular disorder, coughing, cystitis, decreased cognition, detached, difficulty concentrating, dysarthria, dysphagia, dyspnea, edema, emotional lability, eye irritation, eye pain, falling, fever, flatulence, gastroenteritis, hallucination, hyperglycemia, hypertension, hypoesthesia, illusion, increased SGPT, increased sweating, leg cramps, malaise, menstrual disorder, migraine, pallor, paresthesia, postural hypotension, pruritus, sclerits, sleeping after daytime dosing, speech disorder, stupor, syncope, tachycardia, taste perversion, thirst, tinnitus, tremor, tremor, urinary incontinence, vaginitis.

Rare: abdominal body sensation, abnormal accommodation, abnormal gait, abnormal thinking, abscess, acne, acute renal failure, aggressive reaction, allergic reaction, allergy aggravated, altered saliva, anaphylactic shock, anemia, angina pectoris, apathy, appetite increased, arrhythmia, arteritis, arthrosis, bilirubinemia, breast fibroadenosis, breast neoplasm, breast pain, bronchospasm, bullous eruption, circulatory failure, conjunctivitis, corneal ulceration, decreased libido, delusion, dementia, depersonalization, dermatitis, dysphasia, dysuria, enteritis, epistaxis, eructation, esophagospasm, extrasystoles, face edema, feeling strange, flushing, furunculosis, gastritis, glaucoma, gout, hemorrhoids, herpes simplex, herpes zoster, hot flashes, hypercholesteremia, hyperhemoglobinemia, hyperlipidemia, hypertension aggravated, hypokinesia, hypotension, hypotonia, hypoxia, hysteria, impotence, increased alkaline phosphatase, increased BUN, increased ESR, increased saliva, increased SGOT, injection-site inflammation, intestinal obstruction, intoxicated feeling, lacrimation abnormal, laryngitis, leukopenia, lymphadenopathy, macrocytic anemia, manic reaction, micturition frequency, muscle weakness, myocardial infarction, neuralgia, neuritis, neuropathy, neurosis, nocturia, otitis externa, otitis media, pain, panic attacks, paresis, parosmia, periorbital edema, personality disorder, phlebitis, photopsia, photosensitivity reaction, pneumonia, polyuria, pulmonary edema, pulmonary embolism, purpura, pyelonephritis, rectal hemorrhage, renal pain, restless legs, rigors, scabies, somnambulism, suicide attempts, tendinitis, tenesmus, tetany, thrombosis, tolerance increased, tooth caries, urinary retention, urticaria, varicose veins, ventricular tachycardia, weight decrease, yawning.

DRUG ABUSE AND DEPENDENCE

Controlled substance: Schedule IV

Abuse and dependence. Studies of abuse potential in former drug abusers found that the effects of single doses of zolpidem tartrate 40 mg were similar, but not identical to diazepam 20 mg, while zolpidem tartrate 10 mg was difficult to distinguish from placebo.

Sedative/hypnotics have produced withdrawal signs and symptoms following abrupt discontinuation. These reported symptoms range from mild dysphoria and insomnia to a withdrawal syndrome that may include abdominal and muscle cramps, vomiting, sweating, tremors, and convulsions. The U.S. clinical trial experience from zolpidem does not reveal any clear evidence for withdrawal syndrome. Nevertheless, the following adverse events indexed in DSM-III-R criteria for uncomplicated sedative/hypnotic withdrawal were reported at an incidence of <1% during U.S. clinical trials following placebo substitution occurring within 48 hours following last zolpidem treatment: fatigue, nausea, flushing, lightheadedness, uncontrolled crying, emesis, stomach cramps, panic attack, nervousness, and abdominal discomfort. Rare post-marketing reports of abuse, dependence and withdrawal have been received.

Individuals with a history of addiction to, or abuse of, drugs or alcohol are at increased risk of habituation and dependence; they should be under careful surveillance when receiving any hypnotic.

OVERDOSAGE

Signs and symptoms: In European postmarketing reports of overdose with zolpidem alone, impairment of consciousness has ranged from somnolence to light coma, with one case each of cardiovascular and respiratory compromise. Individuals have fully recovered from zolpidem tartrate overdoses up to 400 mg (40 times the maximum recommended dose). Overdose cases involving multiple CNS-depressant agents, including zolpidem, have resulted in more severe symptomatology, including fatal outcomes.

Recommended treatment: General symptomatic and supportive measures should be used along with immediate gastric lavage where appropriate. Intravenous fluids should be administered as needed. Flumazenil may be useful. Respiration, pulse, blood pressure, and other appropriate signs should be monitored and general supportive measures employed. Stimulating drugs should be withheld following zolpidem overdosage. Zolpidem is not dialyzable.

The possibility of multiple drug ingestion should be considered.

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Revised August 2002

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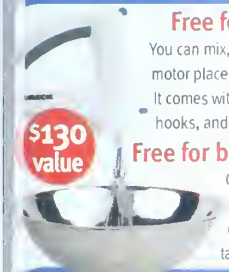
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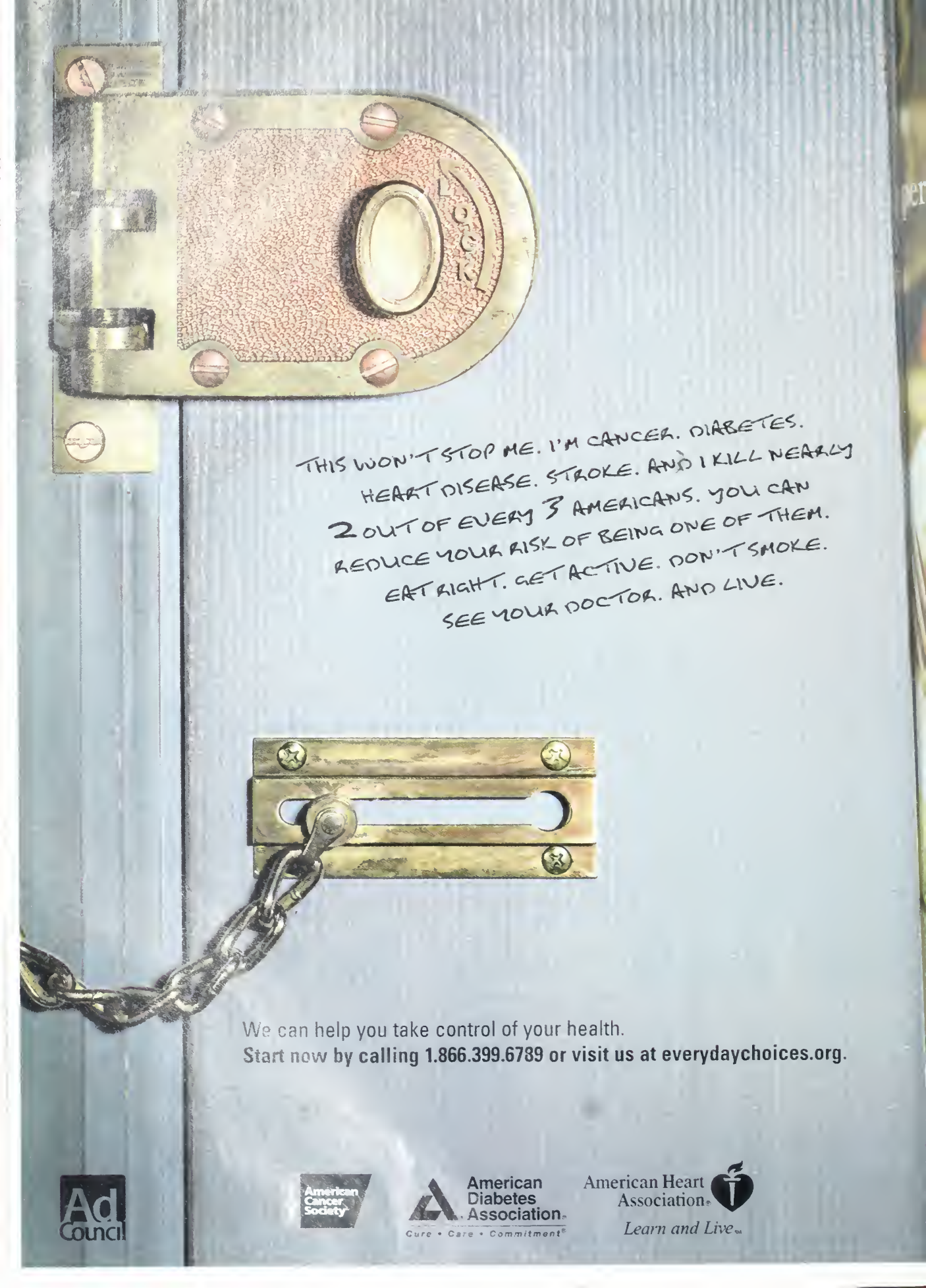
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A Soldier's Sacrifice

Among the 140,000 U.S. troops currently deployed in Iraq, one in 10 is a woman; two of five are parents. As with soldiers in all wars, their experiences have been a mix of service and sacrifice, pride and pain: As of press time, 969 soldiers have been killed and 6,690 wounded. Among the injured, 45 percent returned to duty within 72 hours. The rest, like the four brave men and women here, suffered wounds far more grave. For them, another kind of struggle has just begun

COURAGE UNDER FIRE

by Martha Barnette

One afternoon in April 2003, Sgt. Jeremy Feldbusch, a 6-foot-3, 24-year-old high-school wrestling champ from Blairsville, Pennsylvania, with dreams of becoming a doctor, stood in the blistering heat of central Iraq, overlooking the Haditha Dam on the Euphrates, the 2,235-mile-long river mentioned in Genesis 2:14 as being one of the four rivers of Eden. Feldbusch was on guard duty—the dam was the only thing between 2.2 trillion gallons of water and nearby towns. If anyone managed to slip past U.S. soldiers and blow a hole in the dam's side, the torrent of water "would have killed tens of thousands of people," he says.

After graduating from the University of Pittsburgh in 2001, Feldbusch was thinking about medical school but decided to postpone it to join the Army's elite Rangers unit. As part of the 3rd Battalion, 75th Ranger Regiment, he was among the first Americans to parachute into Iraqi territory in 2003 and grew accustomed to dangerous duty, such as aiming and firing mortar shells. It was April 2, at the very height of the war, when the Rangers seized the Haditha Dam on the basis of intelligence reports that it was vulnerable to sabotage, and they had been guarding it closely.

All seemed quiet enough two days later, and Feldbusch polished off lunch: a packet of Army-issued, heat-and-serve chicken teriyaki.

That was the last thing he remembers.

When he woke again, everything was black. He assumed he was still in Iraq, but he could hear his parents' voices. "I thought, What are they doing here? What in the hell is going on? Am I dreaming?"

Five weeks had passed since an Iraqi artillery shell slammed into the ground just 100 feet away from Feldbusch. His fellow Rangers carried the semiconscious soldier to safety, and he was airlifted out of Iraq to an offshore hospital.

Back home in Blairsville, his mother, Charlene, a bookkeeper, got the news when she returned a phone call to a number from Georgia that she'd found listed on her caller ID. What her son's commander said became a blur of words in Charlene's mind. She walked out to the garage and wordlessly

CONTINUED ON PAGE 110



Jeremy Feldbusch, who was permanently blinded in Iraq, says, "I've been through it all"



PHOTOGRAPH BY MARY ELLEN MARK

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"I've only cried a couple of times," says Danielle Green

handed the phone to [illegible] husband, Brace, a former [illegible]

"The next thing I knew [illegible] girlfriend was picking [illegible] our deck," Charlene [illegible]

Feldbusch's parents [illegible] in on his ghastly [illegible] One-inch-square piece [illegible] red hot shrapnel had sliced through his right eye, severed [illegible] optic nerve in his left, shattered part of his skull and lodged in his brain. He was clinging to life but would soon be flown to a hospital in San Antonio. Doctors urged his parents and their two other sons, Shaun, now 26, and Brian, 18, to make arrangements to meet Feldbusch there. "They wanted us to see him while he was still alive," says Charlene.

In a desperate effort to save him, doctors put him in a medical coma. Surgeons then executed a series of delicate operations, peeling back the top of his face, removing the shrapnel and inserting a titanium-mesh framework to replace the part of his cranium that had helped hold his brain in place. They replaced his right eye with a ball of fat taken from his abdomen and covered with synthetic material in hopes of fitting him with a glass eye later on.

Charlene remembers that when she first set foot in that intensive care unit after a grim briefing from his doctors, she saw her son on a ventilator, his body swollen from fluid retention. Mercifully, bandages covered his eyes. "They gave him a 50 50 chance of making it," Charlene says.

His parents stayed at his bedside for a month, leaving only to sleep. One night, as they were reluctantly preparing to leave, Brace leaned in close to his son, as usual, to whisper in his ear that he loved [illegible]

"I was talking to the nurse," Charlene says, "and Brace came up to me, and he was crying. He said, 'Go over there and bend over to Jeremy.' I thought, Oh, my God, what happened? I went over, and he whispered, 'I love you, Mom.' I can't even tell you what that moment was like."

Still, it was rough going—he fought pneumonia, a raging bacterial infection and excruciating pain in his head. On doctor's orders, his parents waited another two weeks to tell their son that he was permanently blind. "We told him he still had bandages on his eyes. It was very hard to lie," Charlene recalls. "But I was afraid he might go into shock if we told him too soon."

Somehow he pulled through. Feldbusch's neurosurgeon told his parents he had no good explanation for Feldbusch's recovery and the way he managed to regain the ability to speak. "That young man is a miracle," he told them again and again.

Yet as Feldbusch improved, the terrible reality of his injuries began to sink in: Not only was Feldbusch completely blind, he had trouble with his short-term memory and suffered occasional grand mal seizures. As with many other soldiers returning in shock and pain, he raged against his fate. He became notorious among hospital personnel for cursing.

He wasn't the first in his family to be wounded in war. Both of his grandfathers had been in the Army; one of them was in the Normandy invasion and was missing in action for four months before the French returned him, wounded, to U.S. troops. Now his grandfather's Purple Heart sits on a shelf next to his own.

Feldbusch and his parents returned to their tiny town late in the summer of 2003. One of the first things he did was arrange to meet a 13-year-old girl who had sent him a rosary blessed by the Pope. Jessica Kurnocik knew what it was like to see dreams cut short. She'd been crazy for gymnastics when doctors' tests revealed an enormous tumor in her leg: It was an extremely rare and painful form of cancer. The friendship between Feldbusch and Kurnocik helped both of them tremendously. "Jeremy could do no wrong in Jessica's book," says her mother, Tracey. "He didn't recognize her as the 'poor, little, skinny kid with cancer.' She could just be Jessie."

Feldbusch's sadness began to lift. He learned to get around using a long, white cane. He hopes to get a service dog someday. He's learning braille and is considering going back to school someday—maybe to study biology or chemistry. If so, the military will help pay his tuition. He has put aside his dream of becoming a doctor but he thinks he might be able to deepen his scientific knowledge and pursue some kind of pharmaceutical research.

After Feldbusch's bittersweet homecoming made the newspapers, he was recruited by nonprofit groups, among them the Wounded Warrior Project, to help other newly injured soldiers struggling to CONTINUED

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1. Squeeze it: Squeeze Hellmann's® or Best Foods® Real Mayonnaise generously onto tortillas.
2. Stuff it: Layer turkey, cranberry sauce and apple down center of each tortilla.
3. Wrap it: Roll & fold the filled tortilla and pop it into a wrapper made out of aluminum foil or waxed paper.

*SUBSTITUTION: Use 1/2 to 1 cup heated stuffing for apple.

Serves: 4
Preparation Time: 10 minutes





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come to terms with the shock, pain and despair of serious injuries, like amputations, paralysis, extensive burns and head wounds.

Every few months, Wounded Warrior foots the bill to send him to an Army hospital. Often he starts off simply by sitting and listening, letting a maimed soldier rage and curse a blue streak, just as he himself used to do. "Then I say, 'Now that you're done with swearing at me, we can talk.' And then they listen," he says. "I tell them I've been through it all. I let them know that they're going to be just fine. No matter what they feel inside, we're going to help them and they still have a lot to be thankful for."

Today, the man who doctors feared would never be able to communicate also gives speeches to corporate groups, urging them to donate to Wounded Warrior and other independent veterans' support organizations.

Still, he had to get through one more heartbreak this year. Jessica's cancer returned with a vengeance, this time attacking her lungs. By Easter, she knew she was dying and requested that Feldbusch be a pallbearer at her funeral.

As she was drifting in and out of consciousness, Feldbusch came over for one last visit, a gesture that deeply moved the Kurnociks. "Jeremy had faced his own mortality," Tracey says. "For him to come in there, knowing she was dying—that took a lot of courage." For Jessica's funeral Mass, at Saints Simon and Jude Church, in Blairsville, Feldbusch dressed in full Army uniform with his green beret to help carry her small casket.

More than six months later, Feldbusch faces a Thanksgiving season with, he avows, many blessings to count. "Oh, there's a long list," he says emphatically. "I'm thankful for the people who raised me. For the area I grew up in. For this country. For having the opportunity to help protect all of them."

He pauses, then adds softly, "I'm thankful to still be here."

GLAD TO BE ALIVE

by Victoria Balfour

Danielle Green had a bad feeling in the months leading up to her deployment in Iraq with the 571st Military Police Company, in January 2004. "I was so scared of getting hurt that I had anxiety attacks and migraines and had to get professional help from the Army," she recalls. The moment she set foot in Baghdad, however, "I became one of the calmest soldiers there," she says. "I just focused on accomplishing our mission."

But on the afternoon of May 25, while on security duty on the roof of the Sadoon Police Station, Green's sense of unease returned. "Often there are two of us on guard, but this time I happened to be alone," she recalls. "I felt like a sitting duck." Then she heard a deafening blast. Green quickly raised her M16 but never had time to shoot: a second rocket, launched from an apartment building some 100 yards away, hit the roof. As the explosion ripped into her solid, 5-foot-7 frame and knocked her off her feet, "everything was happening in slow motion," Green recalls. "My ears were ringing. I could move my left leg, but it was a mess of blood and tissue. I looked at my left arm, which felt like it was on fire, and saw it was all torn up. Then I thought, This is the end of my life, and I'm only 27. I was talking to God and telling Him I hadn't accomplished enough."

Three hours later, she CONTINUED

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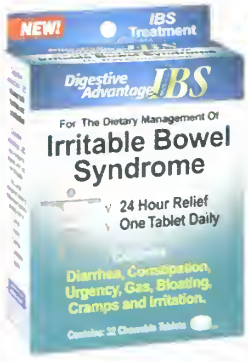
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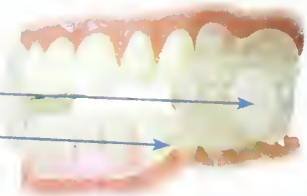
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"I'm a fighter," says Dustin Tuller, who lost his legs while fighting in Baghdad

voke from surgery in a Bagh- ad hospital. Green remembers oking at her left arm "and real- ing it was a whole lot shorter ian my right." She then noticed iat her unit's entire chain of ommand was standing at her edside. "I asked, 'Is my left and gone?' When the master ergeant said, 'Yes, Buddy,' I roke down. Then he gave me ny wedding and engagement ings and told me that right after he rocket exploded, my platoon ergeant and another soldier vent back up to the roof against or- lers, found my hand, and retrieved ny rings. I put them on my right iand. I felt glad to be alive."

For Green, the loss of her left arm ust below the elbow was especially wrenching. While attending the Uni- versity of Notre Dame on a scholar- ship in the late 1990s, the Chicago native was a star guard and—with her smooth, powerful left arm—a top scorer for the Fighting Irish basket- ball team. So when someone at her bedside handed Green a cell phone to call her husband, Willie Byrd, the first thing she said to him was, "I need you to be strong." Byrd, 59, a longtime friend and former basket- ball coach at Chicago's Washington High whom Green had just married the month before while home on leave, was devastated.

"When she told me what had hap- pened, I almost broke down," Byrd recalls. "She said, 'I don't want to hear you crying.' But the fact that she was left-handed hurt more than any- thing else." He flew to see his wife at Walter Reed Army Medical Center, in Washington, D.C., on Memorial Day. "When I walked in, she was smiling," he says. "I didn't break down after all. I'm thankful she's alive."

Green has had her moments of anger and deep despair, but she's try- ing to move past them and get on with her life. Now in the process of retiring from the Army, she'll contin- ue to get more than half of her pay for life, as well as veterans' benefits. She's considering going to graduate school to study education administra- tion (a Veterans Affairs program will pay for it) and also mulling over a job offer from the Chicago Board of Edu- cation to work in high-school sports administration. As she spends her days at Walter Reed in physical thera- py working with a myoelectric pros- thetic arm, she knows that returning to life outside the military will be the biggest challenge of her young life. "Right now," she says, "I'm afraid of being out in the world alone."

A FATHER'S FAITH

by Martha Barnette

It was two days before Christmas last year, and Staff Sgt. Dustin Tuller was leading a nighttime raid on a street in northern Baghdad. The team's mission: to force its way into a walled compound and arrest suspect- ed "paymasters," thugs who pay oth- er Iraqis to attack American soldiers.

Tuller, a 28 year-old Army Nation- al Guardsman, husband and fa- ther of four children under the age of 6, had just ordered his sol- diers into position when a sniper opened fire from a second-story window. Then Tuller felt bullets rip through his own legs and hips. "After the second shot, I had no feeling below my waist," he recalls. "I returned fire, but I was starting to lose blood, so I tried to keep a clear head. I didn't want to go into shock." Moments later, though, he passed out.

Back home in Pace, Florida, Tuller's family got a terrible phone call on Christmas Eve. "We were told he wasn't going to make it," his fa- ther, David Tuller, recalls. Tuller's wife, Alisha, hurriedly sent two of their children to stay with her mom and the other two to Tuller's parents. Then Alisha joined her husband's brother and sister on a flight to Ger- many to be at his side.

By then, Tuller had lapsed into a coma. On the flight to the hospital, in Germany, his kidneys faltered and he went into cardiac arrest. His legs had been so badly damaged owing to blood loss that doctors had amputat- ed both. Alisha and the rest of the family were told by doctors to pre- pare for the worst.

Yet, somehow, Tuller pulled through. When he finally awoke from the coma after 3½ weeks, he remem- bered enough of the attack to know that his legs must have been seriously injured. "I was afraid to even reach down there," he says. His family broke the news of the amputations as gently as they could.

As Tuller and his wife struggled to come to terms with their reality, they agonized over what to tell their chil- dren. "I remember the oldest, 6-year- old Dillyn, CONTINUED ON PAGE 119

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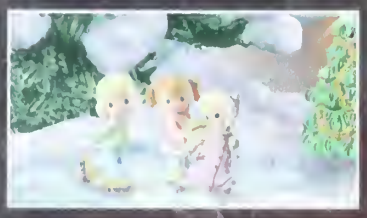
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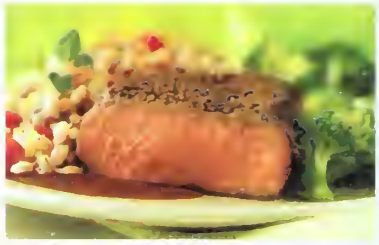
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Sweet & Spicy Petite Sirloin Steaks
with Vegetable Barley Risotto

INGREDIENTS
- 1 pound boneless beef top sirloin steak, cut ¾ inch thick
- ½ cup ready-to-serve beef broth
- ¼ cup balsamic vinegar
- 2 tablespoons jalapeño pepper jelly
- Vegetable Barley "Risotto" (recipe follows)

SEASONING
- ¼ teaspoon garlic salt
- ¼ teaspoon chili powder
- ¼ teaspoon coarse grind black pepper
- ¼ teaspoon ground cumin
- ¼ teaspoon dried oregano leaves

INSTRUCTIONS
1) Prepare Vegetable Barley "Risotto." 2) Meanwhile cut beef steak crosswise into four equal "petite" steaks. Combine seasoning ingredients; press evenly into both sides of each steak. Heat large nonstick skillet over medium heat until hot. Place steaks in skillet; cook about 8 to 10 minutes for medium rare to medium doneness, turning once. Remove steaks; keep warm. 3) Add broth, vinegar and jelly to skillet; cook until browned bits attached to skillet are dissolved and sauce thickens slightly, about 3 to 5 minutes. Spoon sauce over steaks and serve with barley risotto. *Makes 4 servings.*

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ulled the legs off his G.I. Joe doll nd asked his grandmother, 'Is this vhat Daddy's going to be like?'" ays Tuller.

The children visited their dad al- er he got to Walter Reed for more nedical treatment. It seems to have ielped the kids adjust. They know hat "regardless of what parts Dad's nissing, I'm still going to be their lad," says Tuller.

What has helped keep Tuller grounded is his conviction that he vas in Iraq for a worthy cause. A deep sense of patriotic duty runs hrough the Tuller family. His grandfather served in the Army; his dad, the Navy. Tuller enlisted in the Army after high school, serving six years as an infantryman at Fort Drum, in upstate New York, and Fort Benning, in Georgia.

After his discharge he joined the Bravo company's 3rd Battalion, 124th infantry unit, of the Florida National Guard. He also enrolled at Pensacola Junior College, studying to become a physical-education teacher. But in January 2003, his unit was called up. Tuller acknowledges it was wrenching to leave Alisha and the kids; their youngest, Alexi, was barely 1 month old. But, Tuller adds quickly, "you've got to do what you're called to do. I'd been looking forward to defending my country."

Today his battles are different. He spends most of his time in a wheelchair. When he's feeling up to it, he attaches his computer-chip-driven prosthetic legs and struggles to walk, leaning on metal forearm crutches. He can walk nearly a quarter-mile that way, but it's exhausting and frustrating, so he doesn't do it as much as his doctors would like.

Tuller is focused on rebuilding his life. He receives a military disability payment every month that covers his family's bills. He gives motivational talks to high-school students: "I want to inspire them to achieve whatever they want to do."

What inspires Tuller is the generosity of his neighbors. More than 300 volunteers pitched in to build the family a brand-new home, with ramps, rails and doors wide enough for a wheelchair. "They've built the house literally from the ground up—clearing trees, pouring a foundation," his dad says. Teenagers from Tuller's former high school raised $1,100 to build a playground in the back so Tuller could play with his kids.

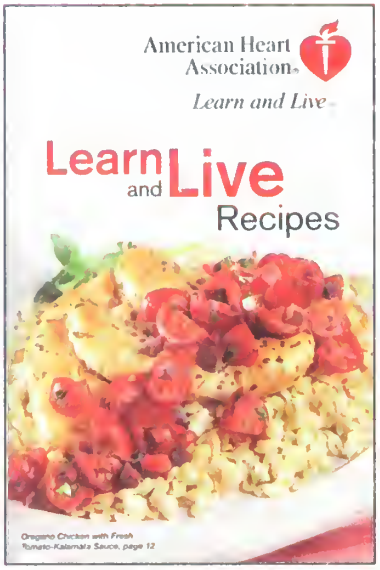
Tuller's adamant that his neighbors' spirit should challenge other communities to pull together to help when their own sons and daughters come home wounded. "After September 11th, this whole country grieved," he says. "Now after men and women get injured or killed over there, everybody needs to be grieving about that, too. When they come home, everybody should be telling them, 'thank you.'"

A BOND FOR LIFE

by Victoria Balfour

Natasha Espinoza thought she was safe. The baby-faced 21-year-old had arrived in Iraq on April 5, 2003, and deployed near As Samawah, some 150 miles from the hot zone in Baghdad. All was quiet on the morning of May 15 as Espinoza, a specialist in communications operations, rode in the back of a two-car convoy in a remote stretch of desert when the lead vehicle suddenly veered onto a dirt road. "We'd been given orders to always stay on the pavement, and I was talking to my driver about it when we hit the mine," she recalls. "It exploded right under my seat." The next thing she knew, Espinoza was on her stomach in CONTINUED

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"The Army was my life," says Natasha Espinoza (right), with her mom, Lila

never thought she'd go to war." Nor did she imagine her daughter might lose a foot. "When I got to Colorado and the doctors told me they wanted to amputate, I got angry," she says. "I didn't want my daughter to suffer like that unless it was absolutely necessary." Her motherly resolve prevailed. When Espinoza was transferred to Brooke Army Medical Center, in Fort Sam Houston, Texas, doctors decided to try to save her foot. "They had to put rods in the bones and fuse them back together," says Espinoza, who has undergone 22 operations so far. "I have huge scars on the top and the sides of my foot, and I can't wiggle the three middle toes." Walking remains extremely painful, and Espinoza will always have a limp.

the sand, numb from the waist down. "I was hysterical, swearing, crying," she says. "I thought I was going to die."

Espinoza's driver, who escaped injury, kept reassuring her that the lead vehicle was going to come back for them, but he, too, was panicking. As they waited helplessly, "a group of Iraqi childen came running over, trying to tell us we were in a minefield and shouldn't move," she says. "When the other car finally came back, the sergeant tried to shoo the kids away but I told him, 'No, they're trying to help us.' The guys had to carry me to the vehicle and the kids led us to a safe spot. I was flown to a hospital in Baghdad in a Black Hawk. I don't remember much after that."

A few days days later, back home in Dallas, Lila Espinoza, 45, received a call that her only child had a "hurt leg" and would be sent to Evans Army Community Hospital, in Fort Carson, Colorado. Mother and daughter had always been especially close, even after Espinoza, bored and restless, dropped out of high school and enlisted in the Army at 17. "She was rebellious and I thought the military would give her some structure," says Lila. "I

She was medically retired from the Army last year but still misses it terribly. "I made the greatest friends. I'm still in constant touch with them," says Espinoza, who will soon start her freshman year at Southern Methodist University, in Dallas, with the hopes of becoming a surgeon. And while it may seem vain, one of her biggest heartaches is no longer being able to wear her beloved size-5 high heels. Memories of weekly shopping sprees with her mom, during which she accumulated some 250 pairs, remind her of a more carefree, innocent life. She gave her heels away to her mother and cousins since she wears strictly flats and sneakers now. They're not nearly as glam, but Espinoza is grateful—as she is for her foot. "It's ugly," she says, "but at least I have it."



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Light Up Your Life

Carefully chosen lighting can make all the difference in the mood of a room. Here, how to create intimate common spaces your whole family will love. By Kieran Juska

This open space—a combination living room, dining area and kitchen—is separated not by walls but by lighting. The iron chandelier is hung low to create an intimate ambience over the dining table, while next to the sofa, a double-pendant floor lamp with amber shades works to spotlight the area

Contrary to what you may think, a room's lighting is as important as the wall color or the fabric on upholstered furniture pieces. Properly chosen, lighting can be an equally vital element—if not an even more critical one. Need proof? During your day, notice how much lighting affects your mood and how it alters your sense of your surroundings. Fluorescent overhead lighting, like that in an office building, is harsh and cold and can make people feel edgy and hyperalert. On the other hand, candlelight casts a warm glow—not just to a room but to the people in it.

When choosing new lighting for your home, or simply when reconsidering your existing lighting plan, think about CONTINUED

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1 The downlight of the ceiling pinlights in this living room gives the edges of the space a warm glow. Here, the fixtures are also used to spotlight artwork on the mantel and walls. **2** If table or floor space is limited, as it is in this nonetheless charming living room, wall sconces are the perfect lighting solution. These simple, upturned sconces create an encompassing glow, while the tall, cone-shaped paper lamp on the side table adds a lower light source for the seating area. **3** The simple décor of this contemporary living room is complemented by an oversize Asian-inspired globe ceiling fixture. The soft light filtering through the lantern's paper casing sets just the right mood for cozy evening gatherings

how you want each room to feel. For the home office, for example, where the kids do homework in the evenings, use bright task lighting, like low-hanging pendant lights, pinpoint track lighting or a bent-arm lamp positioned near the main work area. In the family room, however, you can create a warmer atmosphere with dimmer lights scattered throughout by using wall sconces or table or floor lamps—or a combination of all three. Whatever your taste and decorating style, there's a lighting solution to fit your budget. It may simply be a question of making a few small changes to your existing setup. (Turn to "How to Get the Look" on page 128 for a wide array of options.)

For example, any light—whether an overhead fixture, a wall sconce or a separate table or floor lamp—can be attached to a dimmer, which adds tremendous flexibility. Dimmers are ideal for spaces like dining rooms, where bright task lighting is needed when setting the table but softer mood lighting is desirable during mealtimes. For a larger open space, low-watt bulbs create a cozier feeling than you'd get from one strong overhead light, which tends to project focused, bright light mainly on the center of the room, leaving the perimeter too dark. If an overhead light is what your family room has and you're not up for an electrical project, put a lower-watt lightbulb in the main fixture and pepper the space with other lighting sources, such as a shaded floor lamp or smaller table lamps to brighten up dark corners.

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This elegant wall sconce from Thomas Lighting has a frosted-glass shade and a base with a burnished-bronze finish yet transcends the traditional sconce shape just a bit with the graceful curve of its arm. Several in a row make just the right lighting solution for a hallway; one is all you need to illuminate a cozy nook. For base and shade, $80



This iron Valencia Chandelier from Restoration Hardware is ideal bold enough to hold its own as the centerpiece over a dining table yet understated enough to fit with any decor. $169 for base; golden fabric shades sold separately

How to Get the Look

Shopping for lighting? Here are some of our favorites, from traditional to modern



Placed on the sides of a fireplace mantel, Pottery Barn's Medina Beaded Table Lamps, available in three rich jewel tones, are a great alternative to hard-wired sconces. Available in a floor lamp style as well. Table lamp shade, $49; base, $45



Add a striking hit of color to any sofa or side table with Z Gallerie's crimson table lamp. With its deep red shade, the light it casts sets a warm, soothing mood. For base and shade, $190

This Le Klint Hanging Light is a reproduction of an iconic 1971 design by Poul Christiansen and is available through Design Within Reach. Constructed from layers of hand-folded plastic, this unique globe is also a great conversation piece. For globe and hanging wire kit, $230



Simply designed Japonais table lamps from Crate & Barrel are ideal for a more contemporary look. Because they give off a soft glow, they are perfect for rooms where you and your family gather in the evening. Small Striped Lamp $22; Medium Raindrop Lamp $27; Large Reed Lamp $32



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Making Digital a Snap

BY REBECCA DAY

There's a lot to like about digital photography. You can view pictures right after you take them, delete the ones you don't like and share those you do in minutes. Whether you e-mail your pictures, store them in an online photo album, print your own photos or create slide shows to watch on TV, recording your family's history in photographs has never been so easy or so much fun. Here are some of the latest digital-imaging tools to help you collect and share treasured memories



Most Affordable

CONCORD EYE-Q 3341Z ($129)

This three-megapixel camera packs enough resolution for an 8 x 10 print. It has a 1.5-inch screen and can store 23 shots at its highest-quality setting. Add a memory card and you can store hundreds of images or an eight-minute movie without sound suitable for e-mail or viewing on your computer. Forgot to charge the batteries? You can use a pair of standard AAs.

Most Memory

SONY CYBER-SHOT DSC-P100 ($499)

Thanks to a whopping seven megapixels (the more megapixels—some cameras have as little as one—the better the print quality and more expensive the camera), you can take near-professional-quality photos with this one. It also boasts a 3X optical zoom and a 1.8-inch screen and is able to take 310 shots with a fully charged battery. It shoots and stores movies, too.





Most Versatile

KODAK EASYSHARE DX7440 ($299)

This four-megapixel model is a best-of-both-worlds camera because it has automatic and manual control (manual lets you create special effects). You can review and tag images you want to print or e-mail on the 2.2-inch screen. It also offers 16 scene modes, including beach, snow and sport, so you can choose the best setting for the moment. The 4X optical zoom lens lets you pick your child out of the pack.

Most Compact

CASIO EXILIM EX-S100 CARD ($399)

Roughly the size of a business card, this 0.66-inch-thick, three-megapixel camera also has a 2.8X optical zoom lens and a 2-inch screen. The 3.95-ounce camera takes a memory card (not supplied) but has enough on-board memory for five high-resolution images. Small-format, 30-second movies with sound are the perfect size for e-mail. Rapid start-up lets you power on and snap in 1.4 seconds.



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Card Reader

You no longer have to hook up your camera to your computer and power it up just to load photos onto your computer. SanDisk's ImageMate USB 2.0 Reader/Writer ($20), about the size of a computer mouse, can be plugged into a computer and left there. Take the memory card from the camera and put it in the reader to view or copy images from card to PC.



Printer

Looking for a fast, convenient way to print your photos while you're away from home? Epson's toaster-size portable PictureMate ($199) goes to the party or on vacation to create instant prints straight from a digital camera or a memory card—without a computer. Costs for paper and ink average 29 cents per 4 x 6 print. A handle is included for easy carrying.



Scanner

Digital imaging isn't just for digital cameras. Even your old photos from film can be scanned into the computer and digitally manipulated. Canon's CanoScan 8400F ($149) converts photographs and negatives into images you can save, send to a photo Web site, burn onto a CD, enlarge and print, or e-mail to friends. The scanner's photo-retouching software can even repair spots and scratches. You can scan magazine articles and store them on computer, too.

[illegible]

Once your photos are in the computer, photo-management software lets you get really creative with them. With Ulead's PictureShow 3 software ($49) for PCs, you can create a slide show on a CD or DVD that plays back on most DVD players for viewing on TV. Supplied music tracks—or ones you add from your own collection of MP3s—automatically synchronize to the duration of the slide show. You can also add sophisticated special effects like fades and wipes for transitions between images. Theme templates for birthdays, weddings and holidays are included.

There are also a number of free Web-based services onto which you can upload your digital images and then invite friends to take a look. Sony's Imagestation (*www.ImageStation.com*) offers a year of free storage; give your friends the link and they can log on and visit. For a fee, you can also stamp your photos on gifts including coffee mugs ($13), jigsaw puzzles ($25), calendars ($25), cookies and chocolates ($30 to $50), coasters ($14), playing cards ($26.50) and prints from wallet size ($1.80/four) up to 20 x 30 inches ($22). Other free storage sites include Shutterfly.com, Ofoto.com, and Snapfish.com.

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"God Sent Us a Blessing"

The Diayen family suffered for decades in war-torn Liberia. When they escaped to America, Habitat helped them build a better home—and life—than they had ever dared dream

BY RONNY FRISHMAN









(Clockwise from top left) Unice and Joma (left, center) with a friend; Joma and her art; the proud family (from left, Unice, Joma, Kwita, David, Marietta, Pauline, Chester and John); baby Pauline

It was the wall-to-wall carpeting in their new house that really wowed John and Marietta Diayen and their seven children. For the family, who had lived without plumbing and electricity in their native Liberia, the rug signified true luxury. In September 2003, after hours of hauling boxes and furniture into their four-bedroom ranch house in Madison, Wisconsin, the Diayens danced barefoot on the soft, cranberry-colored pile. "We told stories and walked from room to room. No one could sleep," says John Diayen, 51. "We couldn't believe this was *our* house!"

The family's fortune came after a lifetime of suffering and privation in Liberia, which was founded in 1822 as a haven for freed American slaves. One of 12 children, John was raised outside the capital, Monrovia, while Marietta, now 10, grew up in the countryside. They met in 1979, when John competed in an amateur soccer match in Marietta's town; she was impressed by his outgoing personality and his education (he was a secondary-school graduate), he by her charm and intelligence. The couple married and had a daughter, Massa, in 1980. They moved to a mud-and-palm-thatch hut in Monrovia, where John worked as a tax collector and took evening classes in business management at the University of Liberia. By 1986, the family had grown to include a son, Chester, and daughters Kwita and Unice. Once the children were old enough to go to school, John encouraged Marietta, who loved working with kids, to enter a teacher-training program, and she later got a job at a Catholic elementary school on the outskirts of the capital. Still, the couple struggled to eke out a living and could barely afford their children's books and school uniforms.

In December 1989, rebels led by Charles Taylor overthrew the government of Samuel Doe, intensifying a civil war as tribal factions fought for control of the nation. During one firefight between rival groups in 1991, the Diayens' house burned to the ground. The family—which now included a new baby, CONTINUED

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"We like Madison—it's a friendly place and good for our children," says Marietta

David—joined a stream of refugees who fled toward the country's interior. To feed the children, John dug up wild yams while Marietta searched the rain forest for leaves to boil for soup. After trekking for days, they found a village willing to take them in. For the next year, they gathered daily around the village's only radio to listen to foreign broadcasts about the civil war. With schools shuttered, John Diayen tutored his children so they wouldn't fall behind.

In 1992, when it appeared that the violence had eased, the family returned to Monrovia. By the following year, Marietta gave birth to daughter Joma, an interim government was established and her husband returned to work. But the family was forced to rely on international relief agencies for food, medicine and clothing. When democratic elections were scheduled for July 1997, John campaigned actively for the Unity Party candidate, but Taylor won—and he dealt brutally with those who had opposed him. John's sister and niece were killed in the ensuing violence. John himself was harassed, beaten and imprisoned by Taylor's police.

Concerned that he was placing his family in jeopardy, John secretly planned to leave Liberia on his own, then help his wife and children escape later. With the help of a local Catholic priest, he secured a visa to the United States and in the spring of 1999 fled to Accra, Ghana—all without breathing a word to Marietta. "She would have been anxious to tell the children, and children don't stay quiet," he says. Shortly afterward, he wound up in Madison, joining a nephew who had sponsored him and paid his airfare. No sooner had John arrived than he sent a fax to the priest urging him to get word to his wife. "I was so happy!" says Marietta, who assumed John had been killed by government troops. "I knew that he was going to get us to America."

John had no resources, however, and feared he'd never get his family out of Africa. Then he started attending Bible classes at Asbury United Methodist Church, where members gave him clothing and money and helped him land a job as a hospital records clerk. They also helped him file the paperwork for his family's immigration to the United States and, once visas were issued in early 2001, raised more than $9,000 for plane tickets. "I knew then America would be a good place," says Marietta. "God had sent us a blessing."

The family's long-awaited reunion came that April. John had landed a new job as a bookkeeping assistant, and when Marietta started work at a nursing home, the family moved into a four-bedroom apartment in one of Madison's rougher neighborhoods. Asbury members encouraged the family to apply for a Habitat home, and the Diayens were approved the following year; in the interim they celebrated the birth of their "American baby," Pauline. After crews broke ground in the fall of 2002, family members were at the site every Saturday, eager to put in their 350 hours of sweat equity.

The suburban-style home, which has front and back porches and a two-car garage, is located in a new development near a major shopping mall. "We are living far better than we ever lived in Liberia," says Marietta, who now works as a preschool teacher's assistant and is studying for her early childhood education degree. With John's position as a bookkeeping assistant at a bank, the couple can manage the monthly $656 mortgage payment. And the children are all taking advantage of educational opportunities they never had in their homeland: Massa, 24, is studying to be a nurse; Chester, 22, recently graduated from Madison Area Technical College after majoring in automotive technology; Kwita, 19, is a second-year student there; and the younger children—Unice, 18, David, 13, and Joma, 11—are thriving at public schools. "Habitat doesn't just build houses, it builds families," Marietta says. "And it's made me feel that people in America really care about one another."

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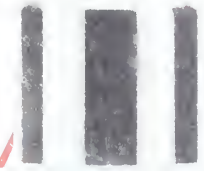
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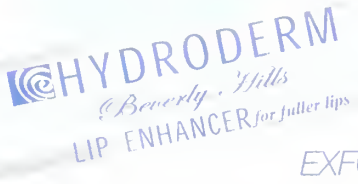


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nt stubborn problem areas! nically proven Body Shape os reduce cellulite, inish stretch marks and kes skin smoother.

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Gentle yet effective, this non-abrasive Facial Cleanser will exfoliate your skin, preparing your face for the Hydroderm serum, and leave you feeling fresh

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GNC Live Well



Cold Fighters: What Works, What Doesn't

Americans suffer an estimated 1 billion colds each year. No one has yet discovered a cure or a surefire prevention strategy, but beyond washing your hands frequently to avoid a cold, or, if you've got one, taking an antihistamine to limit nasal secretions and ibuprofen to get rid of aches and pains, here are some other products that might help.

PRODUCT	CLAIM	DOES IT WORK?
Echinacea (available in capsules, tea, liquid, lozenges)	Boosts the immune system, enabling the body to fight off the cold virus	German studies show that this herb may increase the count of certain white blood cells involved with immune function, but there's no hard evidence it can prevent a cold. Other studies show it may decrease symptoms in adults who have a cold but show no such effect on children. There's no standardized dose, but echinacea is generally considered safe when taken as directed for short periods of time (say, a week or two).
Vitamin E (available in softgel capsules or tablets)	Helps the immune system fight off colds	A recent Tufts University study found that elderly nursing-home residents who took 200 IUs of vitamin E daily had fewer colds and were 20 percent less likely to catch a cold than residents who didn't take vitamin E. More research is needed to determine if vitamin E can help younger people ward off colds. Still, vitamin E is pretty safe at that dosage, so if you want to try it this cold season, it can't hurt. Check with your physician if you take an anticoagulant drug, because vitamin E can reduce the blood's ability to clot.
Zinc (available in lozenges, tablets, nasal gel, oral mist)	Reduces the duration of a cold and the severity of the symptoms	Many people swear by zinc. Studies have had mixed results. Researchers found that zinc nasal gel shortened cold symptoms by about three days when taken by adults within 24 hours after a cold started. Other experts found no significant difference in the amount of time it took for cold symptoms to clear up in kids who took zinc lozenges and in those who didn't. Zinc tablets can taste bad (the quick-dissolve tablet may offset that) and may cause mouth sores or nausea; nasal formulations may cause irritation.
Vitamin C (available in capsules, tablets, oral drops)	Prevents colds or reduces the severity if you do get a cold	In numerous studies, vitamin C has shown no effect in preventing colds. It may have an antihistamine effect for those who already have a cold. Some proponents recommend high doses (2 to 4 grams a day, well above the recommended daily dose of 75 milligrams for women and 90 for men), but studies show those doses are no more effective than 250 mg a day. Too much vitamin C can cause nausea, abdominal cramps, diarrhea and increased urination.
Antiviral tissues	Kills cold viruses and stops them from spreading	Tissue has a moisture-activated middle layer made from citric acid (a flavoring agent in soft drinks) and sodium lauryl sulfate (found in shampoos and detergents). May reduce transmission of colds, especially in homes with sniffly kids—as long as they use the tissues, not their sleeves.
Chicken soup	Reduces cold symptoms and makes you feel better	Studies show that chicken soup does make people feel better. One study showed it worked better than plain hot water at clearing a stuffy nose. Also, chicken soup contains cysteine, an amino acid in chicken that is chemically similar to a drug used to treat bronchitis. This age-old comfort food is certainly worth a try.

—Catherine Winters

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I made my Thanksgiving stuffing with Swanson Broth instead of water. Now I make all my meals that way!

Kim Emery, New York
Chef Instructor



Swanson Moist & Savory Stuffing

Prep/Cook Time: 15 min.

1 can (14 oz.) Swanson Chicken Broth (1¾ cups)
Generous dash pepper
1 stalk celery, coarsely chopped
1 small onion, coarsely chopped
4 cups Pepperidge Farm Herb Seasoned Stuffing

Mix broth, pepper, celery and onion in saucepan. Heat to boil. Cover and cook over low heat 5 min. or until vegetables are tender.

Add stuffing. Mix lightly.

Serves 5.



Swanson® Broth. Replace water with flavor.

Your Breast-Cancer Prevention Guide

Making sure you know how qualified your breast-imaging screeners are, and being proactive about your personal health, can literally help you save your own life



Kathy McKinney-Tovar thought she was doing everything right. She had her first mammogram at 40 in October 1998. It was ruled normal. When she felt a pain in her left breast five months later, her primary-care doctor referred her to a surgeon. "He looked at the mammogram report and examined me," McKinney-Tovar recalls, "and told me that breast cancer was rare at my age and that the pain was probably due to hormonal changes."

Several months later she felt a pea-size lump and again called her doctor, who sent her to the same surgeon. "He looked at my film and said it was just a cyst. I asked him if I needed to have another mammogram, and he said no, that the mammogram was recent enough. He never recommended more testing."

McKinney-Tovar did get her second annual mammogram in October 1999 and it, too, was pronounced normal. When the lump began to grow, she returned to the surgeon, who checked her most recent mammogram report and reassured her that the lump was benign.

In 2000, at age 42, she went to a different mammography center because her health insurance had changed. When asked if she had any symptoms, she casually pointed to the lump. The technologist looked concerned and, in addition to the four standard mammogram images, took extra views, running back and forth to the radiologist all the while. "Within four hours of my mammogram, the radiologist had called my referring doctor and told him I needed to get in to see a surgeon right away," McKinney-Tovar says. "I was scared, because this was the first time any doctor had raised an alarm."

The surgical biopsy revealed an advanced stage-2 tumor that had spread to one lymph node. Since there were also calcifications in other parts of her breast, which signal cancer, she opted for a mastectomy as her doctors recommended, followed by six months of chemotherapy and six weeks of radiation therapy. CONTINUED ON PAGE 146

BY LESLIE LAURENCE

WWW.LHJ.COM

When you're going through chemotherapy, just doing the ordinary can be extraordinary.



DDING *EMEND* CAN HELP PATIENTS ON CHEMOTHERAPIES THAT ARE HIGHLY LIKELY TO CAUSE NAUSEA AND VOMITING.

EMEND, when added with other medicines, helps prevent and control nausea and vomiting caused by itial and repeat courses of chemotherapy that are highly likely to cause nausea and vomiting in adult patients. dding 1 capsule of EMEND each day for 3 days can help protect against nausea and vomiting not only on Day 1 ut also on Days 2 through 5. Which means, EMEND may stop symptoms before they start. Ask your doctor about dding EMEND before you begin chemotherapy.

MPORTANT INFORMATION: EMEND is not used to treat nausea and vomiting that you already have. Tell your octor if you are taking other medicines, if you are pregnant or plan to become pregnant, or if you have liver roblems. EMEND may cause serious life-threatening reactions if used with certain medicines. (See the section "Who should not take EMEND?" on the adjacent page.) EMEND may also affect ome medicines, including chemotherapy, causing them to work differently in your ody. **Women who use birth control pills while taking EMEND should also use a ackup method of contraception to avoid pregnancy.** The most common side ffects with EMEND are tiredness, nausea, hiccups, constipation, diarrhea, and loss of ppetite. These are not all of the possible side effects of EMEND.

EMEND
(aprepitant)

EMEND is available by prescription only. Please read the Patient Product nformation for EMEND on the adjacent page and discuss it with your doctor.

For an online brochure, visit **emend.com**.

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Patient Information
EMEND® (EE mend)
(aprepitant) Capsules

You should read this information before you start taking EMEND*. Also, read the leaflet each time you refill your prescription, in case any information has changed. This leaflet provides only a summary of certain information about EMEND. Your doctor or pharmacist can give you an additional leaflet that is written for health professionals that contains more complete information. This leaflet does not take the place of careful discussions with your doctor. You and your doctor should discuss EMEND when you start taking your medicine.

What is EMEND?

EMEND is an antiemetic medicine for use in adult patients. An antiemetic is a medicine used to prevent and control nausea and vomiting. EMEND is always used WITH OTHER MEDICINES to prevent and control nausea and vomiting caused by your chemotherapy treatment. EMEND is not used to treat nausea and vomiting that you already have.

Who should not take EMEND?**

Do not take EMEND if you:

- are taking any of the following medicines:
  - ORAP® (pimozide)
  - SELDANE® (terfenadine)
  - HISMANAL® (astemizole)
  - PROPULSID (cisapride)

Taking EMEND with these medicines could cause serious or life-threatening problems.

- are allergic to any of the ingredients in EMEND. The active ingredient is aprepitant. See the end of this leaflet for a list of all the ingredients in EMEND.

What should I tell my doctor before and during treatment with EMEND?

Tell your doctor:

- if you are pregnant or plan to become pregnant. It is not known if EMEND can harm your unborn baby.
- if you are breast-feeding. It is not known if EMEND passes into your milk and if it can harm your baby.
- if you have liver problems.
- about all your medical problems.
- about all the medicines that you are taking or plan to take, prescription and nonprescription medicines, vitamins, and herbal supplements. EMEND may cause **serious life-threatening reactions** if used with certain medicines (see the section **Who should not take EMEND?**). Some medicines can affect EMEND. EMEND may also affect some medicines, including chemotherapy, causing them to work differently in your body.

Your doctor may check to make sure your other medicines are working, while you are taking EMEND. Patients who take COUMADIN® (warfarin) may need to have blood tests after each 3-day treatment with EMEND to check their blood clotting.

Women who use birth control pills while taking EMEND should also use a back-up method of contraception to avoid pregnancy.

How should I take EMEND?

- Take EMEND exactly as prescribed.
- EMEND is a capsule that you swallow with a drink.

The recommended dose of EMEND is:

- Take one 125-mg capsule (white/pink) by mouth 1 hour before you start your chemotherapy treatment; **AND**
- Take one 80-mg capsule (white) each morning for the 2 days following your chemotherapy treatment.
- EMEND may be taken with or without food.
- Do not start taking EMEND if you already have nausea and vomiting. Ask your doctor what to do.
- If you take too much EMEND, call your doctor, local emergency room or poison control center right away.

What are the possible side effects of EMEND?

The most common side effects with EMEND are:

- tiredness
- nausea
- hiccups
- constipation
- diarrhea
- loss of appetite

These are not all of the possible si effects of EMEND. For further inform tion ask your doctor or pharmacist. Ta to your doctor about any side effect th bothers you.

General information about the use EMEND

Medicines are sometimes prescrib for conditions that are not mentioned patient information leaflets. Do not u EMEND for a condition for which it w not prescribed. Do not give EMEND other people, even if they have t same symptoms you have. It may har them. Keep EMEND and all medicin out of the reach of children.

This leaflet summarizes the mo important information about EMEND. you would like to know more informa tion, talk with your doctor. You can as your doctor or pharmacist for informa tion about EMEND that is written fo health professionals.

What are the ingredients in EMEND?

Active ingredient: aprepitant

Inactive Ingredients: Sucrose, micro crystalline cellulose, hydroxypropy cellulose and sodium lauryl sulfate. Th capsule shell excipients are gelatin an titanium dioxide. The 125-mg capsul shell also contains red ferric oxide an yellow ferric oxide.

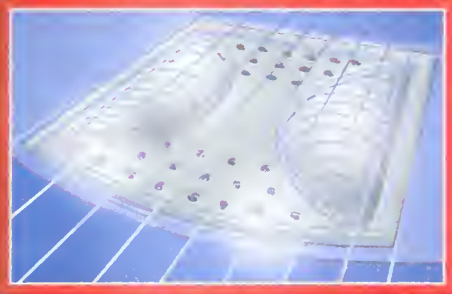
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Issued March 2003

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In retrospect, the mass and the calcifications were visible on McKinney-Tovar's very first mammogram. In fact, although the radiologist noted the calcifications in his written report, he never brought her back for further evaluation. An investigation by her state medical board revealed that both her 1998 and 1999 mammograms omitted breast tissue that should have been on the image, but the radiologist never asked for more X-rays. McKinney-Tovar chose not to sue the doctor but to file a complaint in the hope that something good would come of it. As part of the board's decision, the doctor was required to take additional training in breast imaging. "What I have learned from my experience is that not all mammograms are created equal," says McKinney-Tovar, 46, who, luckily, now shows no evidence of cancer.

Your mammogram is only as good as the quality of the images and the doctor who reads them

Even at its best, mammography is only as good as the practitioners who perform it. But despite stringent federal requirements for image quality, equipment performance, medical record keeping and personnel qualifications, sub-par mammograms still happen—with devastating consequences for women. Of the 7,085 centers inspected by the FDA through July of this year, 31 percent had violations. Nine percent had what the agency calls a level-three violation, designating only a minor deviation from standards set by the federal Mammography Quality Standards Act (MQSA), such as an incomplete equipment check. Twenty percent had level-two violations, with a deviation that may compromise quality, such as failing to prove that a radiologist had completed the required continuing education. And the remaining 2 percent had level-one violations, the most severe, indicating "a deviation that may seriously compromise quality," such as missing a tumor, says Charles Finder, M.D., associate director for policy and clinical affairs in the FDA Division of Mammography Quality and Radiation Programs, which oversees MQSA. That translates to about 142 facilities with severe violations, which could affect thousands of women.

The MQSA, passed by Congress in 1992, is widely lauded for having dramatically improved the quality of breast-imaging services across the country. In a recent report, the Institute of Medicine (IOM) dubbed MQSA "the single most sweeping legislation affecting the early detection of breast cancer." The problem: To consistently find breast cancer early, "you have to have state-of-the-art equipment, and you have to be vigilant in making sure it's functioning properly," says Judy Destouet, M.D., chief of mammography at Advanced Radiology, a private practice in Baltimore. "The technologists who position the patient have to be adequately trained so they get the entire breast included on the film." Radiologists must insist on sharp, top-notch images. "If anyone in the chain is deficient," she says, "you get poor-quality mammograms."

Through MQSA, facilities are inspected once a year, but some consumer groups are concerned over what's not inspected. "Regulations right now don't directly address physicians' interpretive skills," says Edward Sickles, M.D., professor of radiology at the University of California, San Francisco, who serves on an IOM committee to review the quality standards act. The initial purpose of MQSA, he says, "was to make sure physicians read a certain number of cases in a given period of time, and that they're getting continuing education. But it's unclear if that's sufficient or not."

MQSA, for instance, requires radiologists to read 960 mammograms over a two-year period to remain qualified, but critics say that's not enough to allow a doctor to get meaningful experience with a wide range of breast cancers. Many radiologists believe 2,000 to 3,000 readings a year is optimal. The legislation also requires radiologists to participate in 15 hours of continuing medical education over three years, but some say that's insufficient because it focuses primarily on lecture courses rather than skill-based training.

The FDA disputes charges that MQSA gives physician skills short shrift. "We don't want anybody to get the impression that MQSA does not regulate individuals," says Dr. Finder. "We have a whole section on personnel requirements." While the agency is considering whether to make standards stricter when the act comes up for reauthorization by Congress soon, Dr. Finder says he's concerned about the possible consequences if they do. "If we increase the requirements, some facilities CONTINUED ON PAGE 152



Quilted Northern Ultra® is a proud sponsor of the Susan G. Komen Breast Cancer Foundation Race for the Cure® Series.

Care to make a difference?
For every UPC from Quilted Northern Ultra® you mail in, we will contribute 50¢ to the Susan G. Komen Breast Cancer Foundation, up to $500,000. Remember, every step gets us closer to a cure.*



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"I Thought I Was Too Young for Breast Cancer"

I was knee-deep in wedding plans with my fiancé, Mark, a Houston architect, in June 1993. With the wedding just three months away, we were busily finalizing our plans and talking about the large family we wanted. I was 33 and sure this was the happiest time of my life. How quickly things can change.

Up to that point, I'd always been healthy except for one small health detour that seemed to be well behind me. A year and a half earlier, after noticing a discharge from my right nipple, I had been diagnosed with ductal carcinoma in situ (DCIS), a precancer or stage-0 breast cancer. A surgeon removed the milk ducts in my right breast, assured me he got it all and suggested no further treatment. Only later would I learn that most women with DCIS follow surgery with radiation or the estrogen-blocking drug tamoxifen to reduce the chance of the cancer's becoming invasive.

Then, in the midst of our wedding plans in 1993, I felt three grape-size lumps under my right arm. The same surgeon removed and biopsied these three swollen lymph nodes. I was worried but expected everything to be okay. So when the doctor said, "You have stage-2 breast cancer," I was too stunned to cry. Mark was in the waiting room, and when he saw my pale face and shaking body he held me. On that day he became my anchor. We postponed our wedding and sought the answers to our many questions: When would I begin treatment? Would it be grueling? Would I ever be able to have children? Would I even survive?



Janet and Mark Gooch and their daughters

I was referred to M.D. Anderson Cancer Center in Houston, where I was introduced to all of my doctors at once. They told me my cancer had spread to four out of 18 lymph nodes, which meant that its chances of spreading farther would double without aggressive chemotherapy.

I opted for a mastectomy and the most aggressive drugs available and in July started the first of my six 72-hour doses. I was nauseated all the time, and after three weeks of treatment my hair began falling out. But my biggest concern had to do with having children. My oncologist told me I had a 50/50 chance of going into early menopause because of the chemotherapy. Mark and I discussed adoption and even considered harvesting my eggs before I began treatment. But the estrogen supplements involved could drive my cancer into a hormone-induced frenzy.

I married Mark in August 1994. My hair was an inch long by this time, and I wore a custom-made wig. I felt beautiful. Before we knew it, I was pregnant with twin girls, Rachael and Jessica, now 9. Soon after, I had two more daughters, Christina, now 7, and Hannah, 5.

My case was included in a study at M.D. Anderson that determined that women with estrogen-driven breast cancers do not increase their risk of recurrence by becoming pregnant after treatment. If I was able to have four beautiful babies, then there's hope for other young women with breast cancer. I'm healthy now, and happy—and I'm considered cured.

By Janet Gooch, as told to Amy Gorin



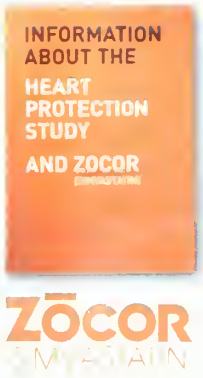
YOU MANAGE YOUR BLOOD SUGAR. WHAT ARE YOU DOING TO HELP PROTECT YOUR HEART?

If you have diabetes, you probably think if you're anaging your blood sugar, you're managing all your alth risks. Unfortunately, managing your blood gar may not be enough to help protect your heart. ıe National Institutes of Health (NIH) states that iddle-aged people with type 2 diabetes have the same gh risk of having a heart attack as people without abetes who already have had a heart attack.

The Heart Protection Study by Oxford University, nded in part by Merck, researched ZOCOR. ZOCOR is roven to significantly reduce the risk of heart attack nd stroke in people with diabetes. Regardless of holesterol level.

Before the Heart Protection Study was complete, OCOR was a time-tested, cholesterol-lowering medication, with ver 160 million prescriptions filled in the past 11 years.

If you have diabetes, ask your doctor how ZOCOR, along with a ealthy diet, can help protect you. Get information about the Heart Protection Study and ZOCOR at ***zocor.com*** or call 1-800-MERCK-75.



Important considerations: ZOCOR is a prescription medicine and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, anyone with liver problems, and people who are allergic to any ingredients of ZOCOR. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Your doctor may do blood tests before and during treatment with ZOCOR to check for liver problems. To avoid serious side effects, discuss with your doctor medicine or food you should avoid while on ZOCOR.

YOUR RESULTS MAY VARY.

PLEASE READ THE MORE DETAILED INFORMATION ABOUT ZOCOR IMMEDIATELY FOLLOWING THIS AD.

ASK YOUR DOCTOR IF ZOCOR IS RIGHT FOR YOU.

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To find out if you qualify, call 1-800-MERCK-75.

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ZOCOR
(SIMVASTATIN)

PLEASE READ THIS SUMMARY CAREFULLY, THEN ASK YOUR OOCTOR ABOUT ZOCOR. NO AOVERTISEMENT CAN PROVIOE ALL THE INFORMATION NEEOEO TO PRESCRIBE A ORUG. THIS AOVERTISEMENT OOES NOT TAKE THE PLACE OF CAREFUL DISCUSSIONS WITH YOUR DOCTOR. ONLY YOUR OOCTOR HAS THE TRAINING TO WEIGH THE RISKS ANO BENEFITS OF A PRESCRIPTION ORUG FOR YOU.

USES OF ZOCOR

ZOCOR is a prescription drug that is indicated as an addition to diet for many patients with high cholesterol. For patients at high risk of coronary heart disease (CHO) because of existing heart disease, diabetes, vascular disease, or history of stroke, ZOCOR is indicated along with diet to reduce the risk of death by reducing coronary death; reduce the risk of heart attack and stroke, and reduce the need for revascular zation procedures.

WHEN ZOCOR SHOULO NOT BE USEO

Some people should not take ZOCOR. Discuss this with your doctor.

ZOCOR should not be used by patients who are allergic to any of its ingredients. In addition to the active ingredient simvastatin, each tablet contains the following inactive ingredients: cellulose, lactose, magnesium stearate, iron oxides, talc, titanium dioxide, and starch. Butylated hydroxyanisole is added as a preservative.

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or repeated blood test results indicating possible liver problems. (See WARNINGS.)

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she should stop taking the drug and talk to her doctor at once.

Women who are breast-feeding should not take ZOCOR.

WARNINGS

Muscle: Tell your doctor right away if you experience any unexplained muscle pain, tenderness, or weakness at any time during treatment with ZOCOR so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR:

- **Cyclosporine, itraconazole, ketoconazole, erythromycin, clarithromycin, HIV protease inhibitors, the antidepressant nefazodone, or large quantities of grapefruit juice (>1 quart daily), particularly with higher doses of ZOCOR.**
- **Gemfibrozil particularly with higher doses of ZOCOR.**
- **Other lipid lowering drugs (other fibrates or ≥1 g/day of niacin) that can cause myopathy when given alone.**
- **Amiodarone or verapamil with higher doses of ZOCOR.**

The risk of muscle breakdown is greater at higher doses of simvastatin.

Because the risk of muscle side effects is greater when ZOCOR is used with the products listed above, the combined use of these products should be avoided unless your doctor determines the benefits are likely to outweigh the increased risks.

The dose of ZOCOR should not exceed 10 mg daily in patients receiving gemfibrozil. The combined use of ZOCOR and gemfibrozil should be avoided, unless your doctor determines that the benefits outweigh the increased risks of muscle problems. Caution should be used when using ZOCOR with other fibrates or niacin because these can cause muscle problems when taken alone.

No more than 10 mg/day of ZOCOR should be taken with cyclosporine.

The combined use of verapamil or amiodarone with doses above ZOCOR 20 mg should be avoided unless your doctor determines the benefits outweigh the increased risk of muscle breakdown.

Your doctor should also carefully monitor for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor also may monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

The risk of muscle breakdown is greater in patients with kidney problems or diabetes.

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery and when any major acute medical or surgical condition occurs. Discuss this with your doctor, who can explain these conditions to you.

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes. Patients who had these increases usually had no symptoms. Elevated liver enzymes usually returned to normal levels when therapy with ZOCOR was stopped.

In the ZOCOR Survival Study, the number of patients with more than 3 times the normal upper limit was no different between the ZOCOR and placebo groups. Only 8 patients on ZOCOR and 5 on placebo discontinued therapy due to elevated liver enzyme levels. Patients were started on 20 mg of ZOCOR, and one third had their dose raised to 40 mg.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR and thereafter when clinically indicated. Patients titrated to the 80-mg dose should receive an additional test at 3 months and periodically thereafter (eg, semiannually) for the first year of treatment. If your enzyme levels increase, your doctor should monitor these tests closely. If your liver enzyme levels remain unusually high, your doctor should discontinue treatment.

Tell your doctor about any liver disease you may have had in the past and about how much alcohol you consume. ZOCOR should be used with caution in patients who consume large amounts of alcohol.

PRECAUTIONS

Drug Interactions: Because it is possible serious drug interactions are important, tell your doctor about other drugs you are taking, including those obtained without a prescription. Your doctor may change the doses

who are prescribing new medicine for you that you are taking ZOCOR. Simvastatin, ZOCOR's active ingredient, the following:

- Itraconazole
- Ketoconazole
- Erythromycin
- Clarithromycin
- HIV protease inhibitors
- Nefazodone
- Cyclosporine
- Large quantities of grapefruit juice (more than a quart a day)

The risk of myopathy is also increased by gemfibrozil and to a lesser extent other fibrates and niacin (nicotinic acid) (≥1 g/day).

The risk of muscle breakdown is increased with other drugs:

- Amiodarone
- Verapamil

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (a type of blood thinner) have experienced bleeding and/or increased blood clotting time. Patients taking these medicines should have their blood tested before starting therapy with ZOCOR and should continue to be monitored.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: Like most prescription drugs, ZOCOR was required to be tested on animals before it was marketed for human use. Often these tests were designed to achieve higher drug concentrations than humans achieve at recommended dosages. Some tests like animals had damage to the nerves in the central nervous system. In studies of mice with doses of ZOCOR the likelihood of certain types of cancerous tumors increased. No evidence of mutation or damage to genetic material has been seen in 11 studies with ZOCOR. There was decreased fertility in male mice.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. In studies with cholesterol-lowering agents similar to ZOCOR, there have been rare reports of birth defects of the skeleton and digestive system. Therefore, women of childbearing age should not take ZOCOR unless it is highly unlikely they will become pregnant. If a woman does become pregnant while taking ZOCOR, she should stop taking the drug and talk to her doctor at once. The active ingredient of ZOCOR did not cause birth defects in rats at 3 times the human dose or in rabbits at 3 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because of the potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not breast-feed. (See WHEN ZOCOR SHOULO NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 10 years of age.

Geriatric Use: Higher blood levels of active drug were seen in elderly patients (70–78 years of age) compared with younger patients (18–30 years of age) in 1 study. In other studies, the cholesterol-lowering effect of ZOCOR were at least as great in elderly patients as in younger patients, and there were no overall differences in safety between elderly and younger patients over the 20–80 mg/day dosage range. Of the 7 cases of myopathy/rhabdomyolysis among 10 269 patients in ZOCOR in another study, 4 were aged 65 or more at baseline, 1 of whom was over 75.

SIOE EFFECTS

Most patients who create treatment with ZOCOR will, however, have no problems. Like prescription drugs, ZOCOR can cause side effects, and some of them can be serious. Side effects that do occur are usually mild and short-lived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In clinical studies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In 2 large 5-year studies, patients taking ZOCOR experienced similar side effects to those patients taking placebo (sugar pills). Some of the side effects that have been reported with ZOCOR or related drugs are listed below. This list is not complete. Be sure to ask your doctor about side effects before taking ZOCOR and to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain cramps, anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty changes in the liver, and rarely, severe liver damage and liver cirrhosis and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain and weakness, joint pain, muscle breakdown.

Nervous System: Dizziness, headache, insomnia, ringing in the ears, memory loss, damage to nerves causing weakness and/or loss of sensation and/or abnormal sensations, anxiety, depression, tremor, loss of balance, sexual disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle weakness.

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms have been reported to occur either alone or together in groups (referred to as a syndrome) that appeared to be based on allergic-type reactions, which may rarely be fatal. These have included 1 or more of the following: a severe generalized reaction that may include shortness of breath, wheezing, digestive symptoms, and low blood pressure and even shock; an allergic reaction with swelling of the face, lips, tongue, and/or throat with difficulty swallowing or breathing; symptoms mimicking lupus (a disorder in which a person's immune system may attack parts of his or her own body), severe muscle and blood vessel inflammation, sometimes including rash; bruises; various disorders of blood cells that could result in anemia, infection, or blood clotting problems; or abnormal blood tests; inflamed or painful joints; hives; fatigue and weakness; sensitivity to sunlight; fever; chills; flushing; difficulty breathing; and severe skin disorders that vary from rash to a serious burn-like shedding of skin all over the body, including mucous membranes such as the lining of the mouth.

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities, including elevated alkaline phosphatase and bilirubin; thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you would like more information, ask your doctor or pharmacist to let you read the prescribing information and then discuss it with them.

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...a remarkable turn of events, ...ubably one of the strangest in ... history of cosmetics, women ...oss the country are putting a ...etch-mark reducing emulsion ...riVectin-SD™ on their face ...ish fine lines, wrinkles and ...t. And, if consumer sales are any ...n of a product's effectiveness, ...-SD is nothing short of a ... Women (as well as a growing ...of "Boomer" men are buying so ...riVectin-SD that finding a tube ... local cosmetic counter has ... just about impossible. Has ... gone mad? Well... not really.

...NTIFIC ...AKTHROUGH ...DUMB LUCK?

...gh StriVectin-SD was already ... by clinical trials documenting ...ty to visibly reduce the depth, ... discoloration and roughness of ... stretch marks, the success ...riVectin-SD as an anti-wrinkle ... was "dumb luck," says Gina ...pokesperson for Klein-Becker, ...tin-SD's exclusive distributor.

... we first handed out samples of ...riVectin formula to employees and ...ers as part of our market research. ...mple tubes were simply marked ...il cream' with the lot number ...neath," Ms. Gay explains. "As the ...es were passed to friends and family, ...essage became a little muddled and ...people used this 'topical cream' as a ...moisturizer. As we began to receive ...ack from users, like 'I look 10 years ...ger' and 'my crows' feet are gone,' we ... we had something more than ...ica's most effective stretch-mark ...er. The point was driven home as ...owners began reporting that almost ...many people were purchasing ...Vectin as an anti-wrinkle cream as ... buying it to reduce stretch marks."

Daniel B. Mowrey, Klein-Becker's Director of Scientific Affairs, says, "Clearly, people were seeing results, but we didn't have a scientific explanation as to why this wrinkle-reduction was occurring. However, based on the incredibly positive reports, I started using it myself — applying StriVectin to my face after shaving." Dr. Mowrey adds, "On a personal note, my wife tells me I haven't looked this good in years."

DUMB LUCK STRIKES AGAIN

Then, on Tuesday, July 2, 2002, at a meeting of the 20th World Congress of Dermatology in Paris, France, a series of studies detailing the superior wrinkle-reducing properties of a patented oligo-peptide called Pal-KTTKS versus retinol, vitamin C, and placebo, on "photo-aged skin" was presented. "As luck would have it," Dr. Mowrey states, "the wrinkle reducing oligo-peptide tested in the breakthrough clinical trials turned out to be a key ingredient in the StriVectin cream."

In the trials, subjects applied the patented peptide solution to the crows' feet area on one side of the face, and a cream containing either retinol, vitamin C, or a placebo to the other side.

Subjects in the Pal-KTTKS retinol study applied the cream once a day for 2 months and then twice a day for the next 2 months. Using special image analysis, the study's authors reported "significant improvement" in wrinkle depth, length, wrinkle volume, and skin roughness for those women using the peptide solution.

Better yet, at the 2-month halfway point, the peptide solution thickened skin nearly 1.5 times faster than retinol, and without the inflammation retinol often causes in sensitive skin. As was expected, the results of the remaining studies confirmed that the Pal-KTTKS solution's effectiveness at reducing the appearance of fine lines and wrinkles far exceeded both vitamin C and placebo.

A smoother, younger complexion, less irritation, fewer wrinkles, and faster results — all without expensive and painful peels, implants or injections.

BETTER THAN RETINOL AND VITAMIN C, BUT IS STRIVECTIN-SD BETTER THAN BOTOX®?

Dr. Nathalie Chevreau, Director of Women's Health at Salt Lake City based Basic Research, exclusive distributor for Klein-Becker, explains, "Many researchers believe less invasive cosmetic alternatives are better than Botox® sometimes referred to as Botox Cosmetic®. That's because topical creams and gels offer gradual, continual results, while the effects of injections, facial peels, and dermabrasions wear off... in fact, you'll never look better than you do shortly after the inflammation and redness subside. Not one bit better."

"Furthermore," Dr. Chevreau continues, "Botox has been approved by the FDA for an extremely limited use — the tiny little space of deep furrows between the eyebrows called glabellar lines — and can cause side effects such as 'headache, temporary eyelid droop, and nausea.' While StriVectin was not designed to eliminate the deep glabellar lines targeted by Botox, the proprietary StriVectin complex has been shown to significantly reduce the appearance of fine lines and facial wrinkles including crows' feet that can add 10-15 years to your appearance... the type of fine lines and wrinkles Botox treatments leave behind."

In other words, StriVectin-SD helps give you a youthful, healthy, glowing complexion faster than retinol, far superior to vitamin C, and without irritation, needles, or surgery.

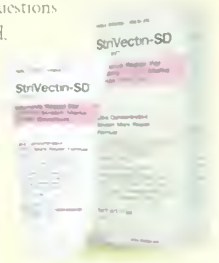
So, if you see someone applying an anti stretch mark cream to their face, don't think they've gone off the deep end, they may be smarter than you think.

HAVING A HARD TIME FINDING STRIVECTIN-SD®?

If you've been searching for StriVectin-SD, you already know it's become almost impossible to find. Don't bother with Neiman Marcus, they don't have it... Your best bets are SEPHORA shops, PARISIAN, Lord & Taylor, bloomingdales or Saks 5th Avenue they always try to keep it in stock or, believe it or not, the pregnancy section of your local GNC or high-end supplement retailer. To be absolutely sure, you can order StriVectin-SD directly from Klein-Becker at:

1-800-563-0856
or order online at
www.StriVectin.com.

Since StriVectin-SD was designed as a stretch-mark reducing formula, it comes in a large, 6-ounce tube. At $135.00, StriVectin-SD is not cheap... but when used as a wrinkle-reducer, one tube will last approximately six months. By the way, StriVectin-SD is backed by Klein-Becker's money-back guarantee. If StriVectin-SD doesn't make your skin look younger, healthier, and more vibrant, simply return the unused portion within 30 days for a full refund... no questions asked.



Call 1-800-563-0856
or order online at
www.StriVectin.com.

References:
38 "Relevance of antiwrinkle treatment of a peptide 4 months clinical double blind study vs excipient" 20 World Congress of Dermatology (60 subjects 4 mo.)
79 "Pentapeptide offers improvement in human photoaged facial skin" 20 World Congress of Dermatology (204 subjects 14 weeks)

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may drop out, and access to mammography could decrease even more. We want to be sure what we're doing improves the situation."

In the meantime, there are actions women can take to ensure themselves of high-quality mammograms.

CHOOSING A FACILITY

• Ask doctors you trust for names of highly regarded breast centers in your area. Ask, "Where would you send your mother or sister? Where do *you* go?" advises Emily Conant, M.D., chief of breast imaging at the University of Pennsylvania Medical Center, in Philadelphia.

• If your health insurer limits you to radiology centers in its plan, ask your doctors if they can make a recommendation from that list. If you don't feel confident in any of those doctors, consider going outside your plan and paying out of pocket, an average of $100, depending on where you live.

• Make sure that the facility is FDA certified (*www.fda.gov/cdrh/mammography/certified.html*) and displays its certificate in full view of patients, as required by law.

• When you call for your appointment, make sure that the technologists who perform the mammograms are certified by the American Society of Radiologic Technologists and ask to see their certificate. Ask if they perform a minimum of 200 mammograms a year, as required by MQSA.

• Ask if any of the radiologists are members of the Society of Breast Imaging, which indicates they have subspecialty training in mammography. Although most radiologists interpreting mammograms are not subspecialists, you can gauge their level of experience by the number of breast X-rays they read annually: an average of 480 is required by the MQSA, but 1,000 or more is better.

• Ask if all mammograms are read by two radiologists. This increases the chance that if one misses a cancer, the other will find it. Most facilities can't afford two readers, but they may use a computer-aided detection (CAD) system, which identifies potentially abnormal areas on the mammogram the radiologist might have missed and improves overall accuracy. If your insurance doesn't cover it, you may have to pay $20 extra. Medicare, however, does cover CAD. You may request and pay for a second reading by a radiologist at many centers, but your insurance most likely will not reimburse you.

• Ask the age of the facility's mammography equipment. The newest machines produce the best images, so if they're more than three years old, you may want to go elsewhere.

MAKING AN APPOINTMENT

• Ask what the wait time is for a screening mammogram (at many centers it may take several months to get an appointment), find the date you're due for your next exam on your calendar and then backtrack to the date you need to call to get the appointment on schedule.

• If you have tender breasts, try to schedule your appointment within two weeks after CONTINUED ON PAGE 156

A NEW TEST TO IMPROVE SURVIVAL RATES?

Many women with advanced breast cancer (when the cancer has spread beyond the breast) will die of their disease within five years. But a new blood test that predicts how long these women will survive can enable doctors, in as little as three to four weeks, to determine whether a particular treatment is working and, if necessary, switch to another therapy. Currently it can take several months for traditional imaging techniques to show if the cancer is responding to treatment. A study of 177 women with metastatic breast cancer, published in *The New England Journal of Medicine* in August 2004, found that those who had five or more tumor cells in a sample of their blood lived an average of 10 months. But women with fewer than five tumor cells survived more than 18 months. It's not yet known whether changing a woman's treatment based on the number of cancer cells in her blood will translate into a longer life, but researchers plan to look at that next. For now, there's hope that a simple blood test might be able to help doctors individualize treatments for women with the poorest prognoses.

2 hour meeting.
1 hour bladder.



DETROL LA can help control those frequent, sudden urges.

Can't get anything done without a bathroom break? You may have a medical condition called overactive bladder. You're not alone. More than 33 million people have it.[1] But there's help—DETROL LA. So ask your doctor about DETROL LA. It's easier than living with the constant interruptions.

You should not take once-daily DETROL LA if you have certain types of stomach, urinary, or glaucoma problems. DETROL LA is generally well tolerated. The most common side effect is dry mouth. Other side effects may include headache, constipation, and abdominal pain.

Do you have overactive bladder?

- I have frequent, strong, sudden urges to urinate.
- I often go more than 8 times in 24 hours, including more than twice at night.
- I'm afraid of having wetting or leaking accidents.

If any of these statements describe you, see your doctor.

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DETROL® LA
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This summary contains important information about DETROL LA. It is not meant to take the place of discussions with your doctor and it cannot replace your doctor's advice. Only your doctor can assess the benefits and risks to decide if DETROL LA is right for you. Talk to your doctor or pharmacist or other prescribing healthcare professional if you do not understand any of this information or if you want to learn more about DETROL LA.

What are DETROL® LA Capsules used for?
DETROL LA Capsules are used to treat a condition called overactive bladder. Patients with overactive bladder have these symptoms: urinary urgency (a strong and sudden desire to urinate), frequent urinations day and night, and urge incontinence (accidental loss of urine caused by a sudden and unstoppable urge to urinate).

What is an overactive bladder?
An overactive bladder is a term for involuntary contractions of the bladder muscle (detrusor).

How does DETROL® LA work?
DETROL LA blocks contractions of the bladder muscle.

What will DETROL® LA do for me?
In a study of patients with an overactive bladder, DETROL LA reduced the number of wetting accidents and urination[s] and increased the amount voided per urination, compared with placebo (sugar pill).

Who should not use DETROL® LA?
DETROL LA should not be used by patients with:
- urinary retention (inability to empty the bladder)
- gastric retention (delayed emptying of the stomach)
- uncontrolled narrow-angle glaucoma
- a history of any unusual or allergic reaction to DETROL LA

What are the precautions associated with use of DETROL® LA?
DETROL LA should be used with caution by patients with any of the following conditions: significant bladder outflow blockage (slow urinary stream), because of the risk of urinary retention; gastrointestinal blockage disorders, such as pyloric stenosis (a narrowing of the opening where the stomach empties into the small intestine), because of the risk of gastric retention; narrow-angle glaucoma that is being treated; and liver or kidney disease. For patients with liver disease or kidney disease the recommended dose is 2 mg daily. Medicines like DETROL LA may cause blurred vision. See also **"Can I take DETROL LA while taking other medicines?"** (below). It is not known whether taking DETROL LA will affect the results of laboratory tests you may undergo for other reasons. In special studies conducted in animals and/or test tubes, the active ingredient in DETROL LA did not cause an increase in tumors, genetic changes, or changes in fertility.

Can I take DETROL® LA if I am pregnant or nursing?
DETROL LA has not been studied in pregnant women. Therefore, DETROL LA should be used during pregnancy only if the potential benefit for the mother justifies the potential risk for the unborn baby. It is not known whether the active ingredient in DETROL LA passes into human milk. Therefore, mothers who breast-feed should stop taking DETROL LA until they are no longer nursing.

Can DETROL® LA be used by children?
DETROL LA has not been studied in children.

Can DETROL® LA be used by elderly patients?
No differences were seen in safety between older and younger patients taking DETROL LA in clinical studies.

Can I take DETROL® LA while taking other medicines?
As with all prescription medicines, before you take DETROL LA, it is important for your healthcare professional to know if you are taking any other medicines. Be sure to mention those that you can buy without a prescription, especially cough/cold medicines, which may also affect urination. For patients taking certain medicines (like erythromycin, Biaxin® [clarithromycin], Sporanox® [itraconazole], Nizoral® [ketoconazole], Neoral® and Sandimmune® [cyclosporine], Velban® [vinblastine], and miconazole), the recommended dose of DETROL LA is 2 mg daily.

What are the most common side effects of DETROL® LA?
Dry mouth was the most common side effect during 12 weeks of treatment with DETROL LA (reported by 23% of those taking 2 mg daily compared with 8% of those taking a placebo [sugar pill]). Other common side effects related to DETROL LA were headache, constipation, and abdominal pain.

What other side effects have been reported?
The following events were reported by at least 1% of patients treated with DETROL LA for 12 weeks but may or may not have been caused by DETROL LA: fatigue, dizziness, dyspepsia (indigestion), xerophthalmia (dry eyes), abnormal vision, somnolence (sleepiness), anxiety, sinusitis, and dysuria (painful urination).

How should I take DETROL® LA?
The recommended dose of DETROL LA is 4 mg daily. DETROL LA should be taken once daily with liquids and swallowed whole. The dose may be lowered to 2 mg daily, if needed. For patients with liver or kidney disease and those taking certain medicines (like erythromycin, Biaxin®, Sporanox®, Nizoral®, Neoral®, Sandimmune®, Velban®, and miconazole), the recommended dose of DETROL LA is 2 mg daily.

Rx only.
US Patent No. 5,382,600

Manufactured for
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your last period—not right before.

• If you have a lump and your doctor refers you for a mammogram, make sure you tell the person booking appointments that you need a *diagnostic* mammogram, not a screening mammogram. Even facilities with long wait lists leave slots open for emergencies. If that fails to get you in fast, ask your doctor to make the appointment for you.

AFTER THE MAMMOGRAM

Facilities are required by law to send you a report that explains your results in lay terms within 30 days of your mammogram. A different report goes to your referring physician. Request a copy of this report from the referring physician because it will state what the radiologist specifically saw and will identify the radiologist who did the review. If you see discussion of calcifications, dominant densities or masses, get a follow-up evaluation with a physician, even if the radiologist or referring doctor doesn't recommend it.

If you've had a diagnostic mammogram, the radiologist will usually fax or phone the report to the referring physician within 24 hours. If you need further evaluation, such as a biopsy, you'll meet with the radiologist directly to discuss it.

Finally, remember that "a normal mammogram does not mean that you don't have breast cancer," says Daniel Kopans, M.D., director of breast imaging at Massachusetts General Hospital and professor of radiology at Harvard Medical School, both in Boston. "So if, in fact, you feel something new in your breast, even if it's just a week after a normal mammogram, bring it to your doctor's attention."

ASSESSING YOUR OWN RISK

We know mammography works, but it can't detect all cancers. And we know the technologists and radiologists performing and interpreting our X-rays can make mistakes. So it's more important than ever that we understand our risks and take responsibility for the ones over which we have some control. You can't control your family history, for example (which actually confers only a small risk), or whether you carry the breast-cancer genes BRCA 1 or 2. Your risk rises with age, and you can't stop that. You can't help it if you start menstruating before age 12, never have a child, or don't experience menopause until after 55, but those estrogen-related functions all increase your risk.

Premenopausal women with extremely dense breasts face four times the risk of breast cancer

You can, however, limit yourself to three alcoholic drinks a week, limit your intake of saturated fat and refined, sugary carbohydrates, and exercise for 30 minutes five times a week, all of which may lower your risk.

It's still difficult, however, to determine your individual chances of developing breast cancer, because risk prediction remains an inexact science. Having more than one risk factor, for instance, does not mean you will develop breast cancer at any point, and having no apparent risks doesn't mean you're home free. Of the 215,000 women in the United States who will be diagnosed this year, most will not have any of the common risk factors. For more information about assessing your risk, go to *www.yourdiseaserisk.harvard.edu*. Meanwhile, here are some other risk factors you may not know about.

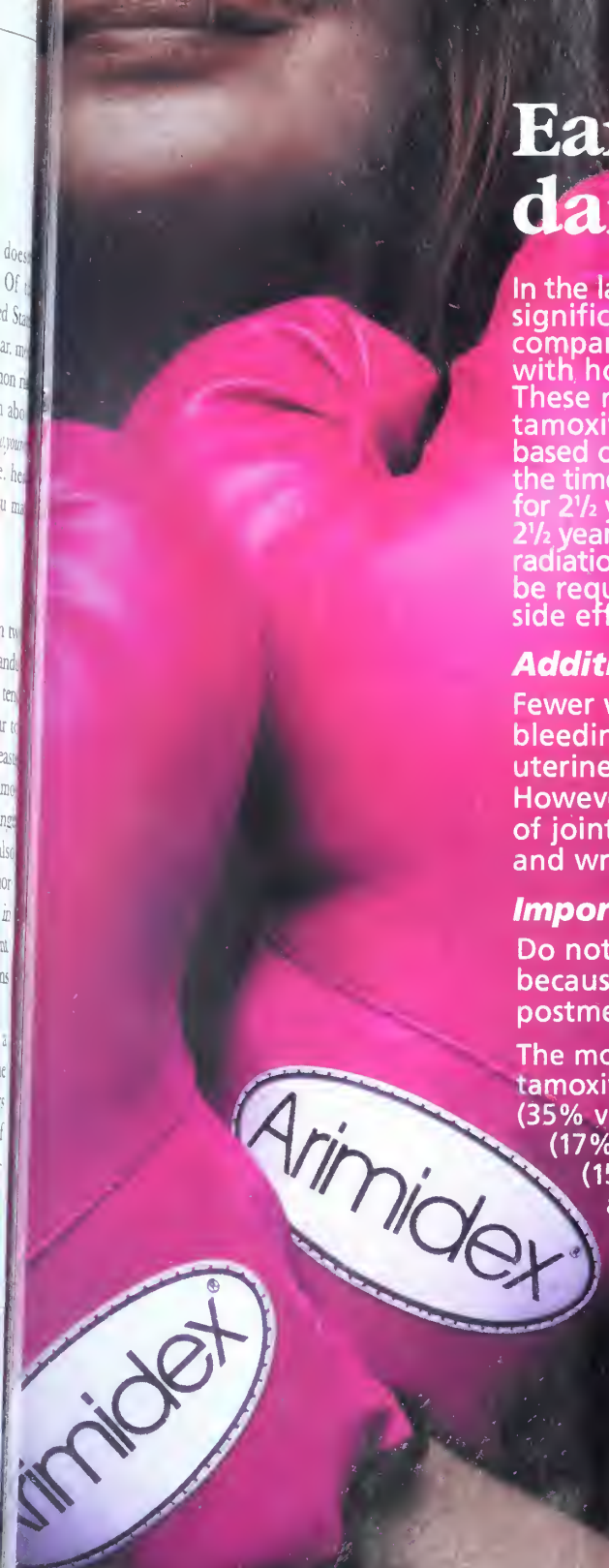
DENSE BREASTS

What we know: Breasts contain two major types of tissue: fatty and glandular. In your reproductive years, we tend to have a higher ratio of glandular to fatty tissue, which makes our breasts appear dense, or white, on mammograms. Dense breasts are a challenge to radiologists because tumors also look white on X-rays, making abnormalities more difficult to spot. Fat, in contrast, appears dark and translucent on film, so tumors and calcifications stand out more readily.

"Breast density has long been a concern because it interferes with the interpretation of mammograms," says Stephen A. Feig, M.D., director of breast imaging at Mount Sinai Hospital, in New York City. "But more recently it has been identified as a marker for the future development of breast cancer." Premenopausal women with extremely dense breasts, in which more than 75 percent is glandular, have about four times the risk of the disease compared with women with predominantly fatty breasts, noted a study of 62,000 women reported in the May 2004 issue of *Cancer Epidemiology Biomarkers & Prevention*. After menopause, fat usually replaces most of the glandular tissue, but those women whose breasts continue to be dense have a threefold increased risk.

What makes breasts dense? Estrogen plays CONTINUED ON PAGE 160

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Early breast cancer's daily opponent

In the largest-ever breast cancer treatment study, ARIMIDEX significantly reduced the risk of breast cancer returning compared with tamoxifen in postmenopausal women with hormone receptor–positive early breast cancer. These results represent a preliminary comparison with tamoxifen from this ongoing clinical trial. Findings are based on study results from patients taking ARIMIDEX (at the time of this analysis half of the patients had been treated for 2½ years or more and half had been treated for less than 2½ years) as treatment following surgery with or without radiation. Further follow-up of patients in this study will be required to determine long-term results, including side effects and survival.

Additional findings

Fewer women taking ARIMIDEX had hot flashes, vaginal bleeding, vaginal discharge, blood clots, strokes, and uterine cancer compared with those taking tamoxifen. However, women taking ARIMIDEX had a higher rate of joint problems and fractures, including spine, hip, and wrist fractures, than women taking tamoxifen.

Important safety information

Do not take prescription ARIMIDEX if you are pregnant because it may harm your unborn child. You must be postmenopausal to take ARIMIDEX.

The most common side effects seen with ARIMIDEX vs tamoxifen in the early breast cancer study are hot flashes (35% vs 40%), joint problems (30% vs 24%), weakness (17% vs 16%), mood changes (17% vs 17%), pain (15% vs 14%), nausea and vomiting (11% vs 11%), and sore throat (12% vs 12%). ARIMIDEX should not be taken with tamoxifen or estrogen-containing therapies.

Please see brief summary of the full Prescribing Information on adjacent page.

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5/04 220568/hj

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PROFESSIONAL INFORMATION BROCHURE)

INDICATIONS AND USAGE ARIMIDEX is indicated for adjuvant treatment of postmenopausal women with hormone receptor positive early breast cancer. The effectiveness of ARIMIDEX in male breast cancer has not been studied. **CLINICAL PHARMACOLOGY** · **Clinical Studies** The recommended dosage regimen is one tablet (1 mg) once daily. ARIMIDEX is indicated for the treatment of advanced breast cancer in postmenopausal women with disease progression following tamoxifen therapy. Evidence of estrogen receptor positivity in tumor tissue must be established before ARIMIDEX is administered. **CONTRAINDICATIONS** ARIMIDEX is contraindicated in women who are or may become pregnant. **WARNINGS** ARIMIDEX can cause fetal harm when administered to a pregnant woman. Administration of anastrozole to pregnant rats and rabbits during the period of organogenesis caused fetal loss at doses that were associated with plasma anastrozole concentrations similar to those seen in humans receiving the recommended dose. Because of species differences between animal reproduction studies and humans, the effective dose in humans is not known. However, anastrozole crosses the placenta in humans and the recommended human dose is expected to cause fetal harm based on its mechanism of action and data from animal studies. Effects were dose related in rats. Placental events were predominant in rodents and included retained placentae and placental hemorrhage. Fetal effects included embryonic death, developmental delay, fetal malformations (including delayed fetal development, skeletal malformations, and umbilical hernias), and fetal loss. Administered doses of 1 mg/kg/day, which produced plasma anastrozole concentrations approximately 200 times the respective values found in postmenopausal women receiving the recommended dose of 1 mg once daily, caused fetal loss in rats. Administered doses of 0.2 mg/kg/day or greater (approximately 40 times the recommended human dose on a mg/kg/day basis) caused fetal malformations in rats. Administered doses of 1 mg/kg/day (about 3 times the recommended human dose on a mg/kg/day basis) caused fetal loss in rabbits. If ARIMIDEX is used during pregnancy, or if the patient becomes pregnant while taking ARIMIDEX, the patient should be apprised of the potential hazard to the fetus. **PRECAUTIONS** **General** Before starting treatment with ARIMIDEX, premenopausal women should be carefully assessed to exclude the presence of undetected pregnancy. Appropriate contraceptive measures should be used during treatment. Treatment with ARIMIDEX should be undertaken only after careful consideration by a qualified physician experienced in the treatment of breast cancer. **Laboratory Tests** Patients receiving ARIMIDEX were reported to have increased serum cholesterol (see **ADVERSE REACTIONS**). **Drug Interactions** (See **CLINICAL PHARMACOLOGY** · **Drug Interactions**) In vitro studies evaluating the potential of anastrozole to inhibit human liver microsomal cytochrome P450 (CYP) enzymes 1A2, 2C8/9, and 3A4 activity in the presence of human liver microsomes and selective substrates for these enzymes have been performed. In clinical interaction studies, other than with antipyrine, which was used to probe the general cytochrome P450 system, the effect of ARIMIDEX with other agents commonly coadministered in patients with breast cancer was evaluated. Coadministration of ARIMIDEX with cimetidine, warfarin, cyclosporine, or a single dose of ibuprofen had no clinically significant effect on the steady-state pharmacokinetics of the coadministered drug. An interaction study with warfarin showed that anastrozole had no significant effects on anticoagulant activity. Clinical and pharmacokinetic results from the ATAC trial in patients receiving concomitant bisphosphonate therapy were consistent with the overall results (see **CLINICAL PHARMACOLOGY** · **Drug Interactions and Clinical Studies**). **Drug/Laboratory Test Interactions:** No clinically significant changes in the results of laboratory tests were observed. **Carcinogenesis:** A two-year carcinogenesis study in rats at doses of 0.1, 0.5, 2.5, and 12.5 mg/kg/day (approximately 0.2, 1, 5, and 25 times the recommended human dose of 1 mg on a mg/kg basis) administered by oral gavage to female rats revealed a dose-related increase in the incidence of uterine adenocarcinoma and uterine stromal polyps in females and Leydig cell adenomas of the testes. A dose-related increase in the incidence of ovarian and uterine hyperplasia was observed. At 2.5 mg/kg/day (approximately 5 times higher than the level exhibited in postmenopausal women receiving the recommended dose of 1 mg based on AUC), a significant increase in the incidence of uterine stromal polyps was observed. A separate study in female rats revealed a dose-related increase in the incidence of ovarian hyperplasia and uterine adenocarcinoma at doses of 0.5 to 50 mg/kg/day. At 0.5 mg/kg/day (approximately 1 time the recommended human dose of 1 mg based on AUC), a significant increase in the incidence of ovarian hyperplasia was observed. The incidence of lymphoma was increased in males and females at the high dose. At 50 mg/kg/day (approximately 80 to 140 times higher than the level exhibited in postmenopausal women receiving the recommended dose of 1 mg based on AUC), a significant increase in the incidence of lymphoma was observed in males and females at the high dose. At 12.5 mg/kg/day (approximately 40 times higher than the level exhibited in postmenopausal women receiving the recommended dose of 1 mg based on AUC), a significant increase in the incidence of lymphoma was observed in females. The incidence of lymphoma was increased in males and females at the high dose. At 50 mg/kg/day (approximately 80 to 140 times higher than the level exhibited in postmenopausal women receiving the recommended dose of 1 mg based on AUC), a significant increase in the incidence of lymphoma was observed in males and females at the high dose. **Mutagenesis** ARIMIDEX has been shown to be mutagenic in some in vitro tests (Ames mutagenicity test, mouse lymphoma cell forward mutation assay) but not in others (in vitro cytogenetic assay in Chinese hamster ovary cells). Micronucleus tests in mice and rats were negative. **Impairment of Fertility** Oral administration of anastrozole to female rats (from 2 weeks before mating to gestation day 7) at dosage regimens of 0.02 mg/kg/day (approximately 0.04 times the recommended human dose of 1 mg based on AUC) and higher resulted in dose-dependent increases in the incidence of persistent estrus and decreases in the incidence of normal estrus, with consequent effects on fertility. Fertility was reduced at doses equal to or greater than 0.02 mg/kg/day (approximately 0.04 times the recommended human dose of 1 mg based on AUC). Reversibility of these effects was not investigated. It is not known whether these effects in female rats are indicative of impaired fertility in humans. Multiple dose studies in rats and dogs of anastrozole for 6 months at doses equal to or greater than 1 mg/kg/day (which produced plasma anastrozole concentrations at least 200 and 400 times higher than the respective values found in postmenopausal women receiving the recommended dose of 1 mg/day) showed the presence of follicular cysts. In addition, hyperplastic changes were observed in 6 of 8 beagle dogs administered doses equal to or greater than 1 mg/kg/day (which produced plasma anastrozole concentrations at least 400 and 800 times higher than the respective values found in postmenopausal women receiving the recommended dose of 1 mg/day). These changes are considered to be related to the pharmacological effects of anastrozole. Similar changes were not observed in dogs receiving 0.3 mg/kg/day (which produced plasma anastrozole concentrations at least 100 and 200 times higher than the respective values found in postmenopausal women receiving the recommended dose of 1 mg/day). **Pregnancy: Pregnancy Category D** See **WARNINGS**. **Nursing Mothers** It is not known if anastrozole is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when ARIMIDEX is administered to a nursing woman (see **WARNINGS and PRECAUTIONS**). **Pediatric Use** The safety and efficacy of ARIMIDEX in pediatric patients have not been established. **Geriatric Use** In studies 0030 and 0027 a total of 50% of the patients were 65 or older. Patients ≥ 65 years of age treated with the recommended human dose of 1 mg had a similar tumor response and time to tumor progression than patients < 65 years of age regardless of randomized treatment. In studies 0004 and 0005, 50% of patients were 65 or older. Response rates and times to progression were similar for the over 65 and younger patients. In the ATAC adjuvant study, 35% of patients were ≥ 60 years of age, 38% were ≥ 60 to < 70 years of age, and 27% were ≥ 70 years of age. The number of events by age group were sufficient to perform a statistical analysis. **ADVERSE REACTIONS** **Adjuvant Therapy** The median duration of adjuvant treatment for safety in all studies was 57.3 months. 36.9 months and 36.5 months for patients receiving ARIMIDEX 1 mg, tamoxifen 20 mg, and the combination of ARIMIDEX 1 mg plus tamoxifen 20 mg, respectively. Adverse events occurring with an incidence of at least 5% in any treatment group during treatment, or within 14 days of the end of treatment are presented in Table 7.

Table 7 - Adverse events occurring with an incidence of at least 5% in any treatment group during treatment, or within 14 days of the end of treatment

Body system and adverse event by COSTART-preferred term*	ARIMIDEX 1 mg (N=3092)	Tamoxifen 20 mg (N=3093)	ARIMIDEX 1 mg plus Tamoxifen 20 mg (N=3098)
	Number (%) of patients		
Body as a whole			
Asthenia	512 (17)	491 (16)	468 (15)
Pain	484 (16)	425 (14)	407 (13)
Back Pain	356 (12)	355 (11)	358 (12)
Headache	337 (11)	316 (10)	324 (10)
Abdominal Pain	227 (7)	238 (8)	219 (7)
Infection	222 (7)	215 (7)	211 (7)
Accidental Injury	217 (7)	208 (7)	226 (7)
Flu Syndrome	194 (6)	170 (5)	173 (6)
Chest Pain	154 (5)	150 (5)	152 (5)
Cardiovascular			
Vasodilatation	1182 (38)	1164 (38)	1261 (41)
Hypertension	129 (4)	124 (4)	109 (4)
Digestive			
Nausea	301 (10)	295 (10)	311 (10)
Constipation	201 (7)	194 (6)	191 (6)
Diarrhea	186 (6)	174 (6)	196 (6)
Dyspepsia	136 (4)	135 (4)	136 (4)
Gastrointestinal Disorder	165 (5)	147 (5)	144 (5)
Hemic and Lymphatic			
Lymphoedema	268 (9)	324 (10)	299 (10)
Metabolic and Nutritional			
Peripheral Edema	258 (8)	277 (9)	276 (9)
Weight Gain	253 (8)	307 (10)	313 (10)
Hypercholesterolemia	151 (5)	178 (6)	174 (6)
Musculoskeletal			
Arthritis	473 (15)	441 (14)	444 (14)
Arthralgia	340 (11)	316 (10)	317 (10)
Osteoporosis	224 (7)	197 (6)	197 (6)
Fracture	171 (6)	147 (5)	147 (5)
Bone Pain	135 (4)	124 (4)	124 (4)
Arthrosis	114 (4)	97 (3)	97 (3)
Nervous System			
Depression	481 (16)	441 (14)	444 (14)
Insomnia	290 (9)	276 (9)	276 (9)
Dizziness	198 (6)	178 (6)	174 (6)
Anxiety	168 (5)	147 (5)	144 (5)
Paresthesia	154 (5)	124 (4)	124 (4)
Respiratory			
Pharyngitis	337 (11)	316 (10)	317 (10)
Cough Increased	240 (8)	197 (6)	197 (6)
Dyspnea	224 (7)	197 (6)	197 (6)
Skin and Appendages			
Rash	337 (11)	316 (10)	317 (10)
Sweating	171 (6)	147 (5)	147 (5)
Urogenital			
Urinary Tract Infection	224 (7)	197 (6)	197 (6)
Breast Pain	135 (4)	124 (4)	124 (4)
Vaginal Hemorrhage	180 (6)	147 (5)	144 (5)

COSTART = Coding Symbols for a Thesaurus of Adverse Reaction Terms
N = Number of patients receiving the treatment
*A patient may have had more than one adverse event
Non-pathologic fracture was reported in 3.1% (96), 2.4% (74), and 2.2% (68) of patients in the ARIMIDEX, tamoxifen, and combination groups, respectively. Non-pathologic skeletal events included fracture, bone pain, and arthrosis. Patients receiving ARIMIDEX had a similar incidence of pathologic fracture as patients receiving tamoxifen. Cardiovascular events included deep vein thrombosis, pulmonary embolism, thromboembolism, myocardial infarction, and angina pectoris. Cerebrovascular accident, cerebral ischemia and cerebral infarct were reported in 1.8% (56), 1.8% (55), and 1.5% (47) of patients in the ARIMIDEX, tamoxifen, and combination groups, respectively. Deep vein thrombosis was reported in 1.1% (34), 1.5% (47), and 1.1% (34) of patients in the ARIMIDEX, tamoxifen, and combination groups, respectively. Pulmonary embolism was reported in 0.5% (16), 0.8% (24), and 0.5% (16) of patients in the ARIMIDEX, tamoxifen, and combination groups, respectively. Thromboembolism was reported in 0.4% (13), 0.5% (16), and 0.4% (13) of patients in the ARIMIDEX, tamoxifen, and combination groups, respectively. Myocardial infarction was reported in 0.4% (13), 0.4% (13), and 0.4% (13) of patients in the ARIMIDEX, tamoxifen, and combination groups, respectively. Angina pectoris was reported in 1.1% (34), 1.1% (35), and 1.1% (34) of patients in the ARIMIDEX, tamoxifen, and combination groups, respectively.

Adjuvant Therapy The median duration of adjuvant treatment for safety in all studies was 57.3 months. 36.9 months and 36.5 months for patients receiving ARIMIDEX 1 mg, tamoxifen 20 mg, and the combination of ARIMIDEX 1 mg plus tamoxifen 20 mg, respectively. Adverse events occurring with an incidence of at least 5% in any treatment group during treatment, or within 14 days of the end of treatment are presented in Table 7.

Table 8 - Number (%) of patients with Pre-specified Adverse Event in ATAC Trial

	ARIMIDEX N=3092 (%)	Tamoxifen N=3093 (%)	Odds Ratio	95% CI
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible] AR MIDEX 24 patients [illegible] Tamoxifen 23 patients, 0.8%
[illegible] from the ATAC trial [illegible] ARIMIDEX had a lesser decrease in both lumbar
[illegible] bone density as measured by DXA. Patients receiving tamoxifen had a similar increase in both lumbar
[illegible] BMD compared [illegible]

First Line Therapy ARIMIDEX was generally well tolerated in two double-blind clinical trials (Trials 0030 and 0027). Adverse events in all the groups of at least 5% during treatment phase of Trial 0030 and 0027 during or within 2 weeks of the end of treatment are listed in Table 9.

Table 9

Body System Adverse Event*	Number (%) of Subjects ARIMIDEX (n=506)	Tamoxifen (n=511)	Body System Adverse Event*	Number (%) of Subjects ARIMIDEX (n=505)	Tamoxifen (n=511)
Whole body			**Metabolic and Nutritional**		
Asthenia	83 (16)	93 (18)	Peripheral Edema	54 (11)	41 (8)
Pain	79 (16)	74 (14)	**Musculoskeletal**		
Back Pain	74 (15)	73 (14)	Bone Pain	54 (11)	52 (10)
Headache	73 (14)	63 (12)	**Nervous**		
Abdominal Pain	43 (9)	43 (8)	Depression	53 (10)	22 (4)
Infection	39 (8)	39 (8)	Insomnia	50 (10)	38 (7)
Accidental Injury	38 (8)	39 (8)	Depression	42 (8)	32 (6)
Flu Syndrome	31 (6)	30 (6)	Hypertonia	16 (3)	26 (5)
Pain	31 (6)	30 (6)	**Respiratory**		
Cardiovascular			Cough Increased	55 (11)	52 (10)
Hypertension	72 (14)	70 (14)	Dyspnea	24 (5)	47 (9)
Hypertension	29 (6)	30 (6)	Pharyngitis	29 (6)	68 (13)
Digestive			**Skin and Appendages**		
Nausea	74 (15)	66 (13)	Rash	28 (6)	34 (8)
Constipation	44 (9)	66 (13)	**Urogenital**		
Diarrhea	43 (9)	33 (6)	Leukorrhea	9 (2)	31 (6)
Vomiting	33 (7)	36 (7)			
Anorexia	26 (5)	46 (9)			

*A patient may have had more than one adverse event

Less frequent adverse experiences reported in patients receiving ARIMIDEX in either Trial 0030 or Trial 0027 were similar to those reported in second line therapy. Based on results from second line therapy and the established safety profile of tamoxifen the incidences of 9 prespecified adverse event categories (edema, nausea, vomiting, rash, alopecia, hot flashes, vaginal bleeding, vaginal discharge, and vaginal dryness) were compared. No significant differences were seen between treatment groups.

Table 10

Adverse Event Group	Number (n) and Percentage of Patients ARIMIDEX 1 mg (n=506)	NDLVADEX 20 mg (n=511)	Adverse Event Group	Number (n) and Percentage of Patients ARIMIDEX 1 mg (n=506)	NDLVADEX 20 mg (n=511)
Asthenia	83 (16)	93 (18)	Hot Flashes	134 (26)	118 (23)
Pain	79 (16)	74 (14)	Vaginal Dryness	9 (2)	3 (1)
Thromboembolic Disease	9 (2)	30 (6)	Lethargy	6 (1)	15 (3)
Diarrhea	5 (1)	11 (2)	Vaginal Bleeding	5 (1)	11 (2)
Cystic Ovarian Disease	2 (<1)	1 (<1)	Weight Gain	1 (<1)	8 (2)
Gastrointestinal Disturbance	170 (34)	196 (38)			

A patient may have had more than one adverse event
Includes pulmonary embolism, thromboembolism, and deep vein thrombosis
Includes nausea and vomiting, including constipation, cerebrovascular accident, cerebral ischemia and cerebral infarct
Described in ATAC trial [illegible] ARIMIDEX [illegible] was no increase in myocardial infarction or fracture when compared with tamoxifen

Second Line Therapy ARIMIDEX was generally well tolerated in two well-controlled clinical trials (Trials 0004 and 0005) with less than 5% of the ARIMIDEX-treated patients and 2% of the megestrol acetate-treated patients withdrawing due to an adverse event. The most frequent adverse event more common with ARIMIDEX than megestrol acetate was diarrhea. Adverse events reported in greater than 5% of the patients in one of the treatment groups in these two well-controlled clinical trials, regardless of causality, are presented below.

Table 11

Number (n) and Percentage of Patients with Adverse Event†

Adverse Event	ARIMIDEX 1 mg (n = 262)	ARIMIDEX 10 mg (n = 246)	Megestrol Acetate 160 mg (n = 253)	Adverse Event	ARIMIDEX 1 mg (n = 262)	ARIMIDEX 10 mg (n = 246)	Megestrol Acetate 160 mg (n = 253)
	n (%)	n (%)	n (%)		n (%)	n (%)	n (%)
Asthenia	53 (20)	54 (22)	47 (19)	Pharyngitis	16 (6)	23 (9)	15 (6)
Nausea	46 (18)	48 (20)	45 (18)	Dizziness	16 (6)	12 (5)	15 (6)
Headache	34 (13)	42 (17)	34 (13)	Rash	15 (6)	15 (6)	19 (8)
Hot Flashes	32 (12)	31 (13)	34 (13)	Dry Mouth	15 (6)	11 (4)	13 (5)
Pain	28 (11)	28 (11)	28 (11)	Peripheral Edema	14 (5)	21 (9)	28 (11)
Back Pain	28 (11)	28 (11)	28 (11)	Pelvic Pain	14 (5)	17 (7)	13 (5)
Diarrhea	24 (9)	32 (13)	24 (9)	Depression	14 (5)	6 (2)	5 (2)
Infection	22 (8)	17 (7)	16 (6)	Chest Pain	13 (5)	18 (7)	13 (5)
Dyspepsia	21 (8)	21 (9)	21 (8)	Paresthesia	12 (5)	15 (6)	9 (4)
Abdominal Pain	20 (8)	17 (7)	18 (7)	Vaginal Hemorrhage	6 (2)	4 (2)	13 (5)
Anxiety	19 (7)	18 (7)	16 (6)	Weight Gain	4 (2)	9 (4)	30 (12)
Insomnia	19 (7)	16 (6)	16 (6)	Sweating	4 (2)	3 (1)	16 (6)
Anorexia	16 (6)	9 (4)	13 (5)	Increased Appetite	0 (0)	1 (0)	13 (5)
Bone Pain	16 (6)	9 (4)					

† A patient may have had more than one adverse event

Other less frequent adverse events reported in patients receiving ARIMIDEX 1 mg in either Trial 0004 or Trial 0005 are listed by body system. Although these events are considered decreasing frequency within each body system **Body as a Whole** fever, neck pain, malaise, accidental injury, infection **Cardiovascular:** **Hepatic:** [illegible] increased SGOT, increased SGPT, increased **Hematologic:** Anemia, leukopenia **Metabolic and Nutritional:** [illegible] mean serum total cholesterol levels increased by 0.5 mmol/L [illegible] ARIMIDEX [illegible] cholesterol have been shown to contribute to these changes. **Musculoskeletal:** [illegible] **Nervous:** Somnolence, confusion, insomnia, anxiety, nervousness **Respiratory** Sinusitis, [illegible] **Skin and Appendages** hair thinning, pruritus **Urogenital** Urinary tract infection, breast pain The incidences of the [illegible] were similar for the ARIMIDEX- and megestrol acetate-treated patients. [illegible] gastrointestinal disturbance, hot flushes, and vaginal dryness. These six [illegible] were prospectively defined. The results are shown in the table below.

Table 12

	Number (n) and Percentage of Patients ARIMIDEX 1 mg (n = 262)	ARIMIDEX 10 mg (n = 246)	Megestrol Acetate 160 mg (n = 253)
	n (%)	n (%)	n (%)
[illegible]	[illegible]	84 (34)	54 (21)
[illegible]	83 (32)	29 (12)	35 (14)
[illegible]	28 (11)	28 (11)	35 (14)
[illegible] Disease	4 (2)	4 (2)	12 (5)
[illegible]	5 (2)	3 (1)	2 (1)
[illegible]	4 (2)	10 (4)	30 (12)

More [illegible] adverse experience weight gain as an adverse event compared to patients treated with ARIMIDEX 1 mg [illegible] significant. An examination of the magnitude of change in weight in all patients was [illegible] 5% of the patients treated with megestrol acetate experienced weight gain of 5% or more and [illegible] with megestrol acetate experienced weight gain of 10% or more. Among patients treated with ARIMIDEX 1 mg, 2% experienced weight gain of 5% or more and 3% (6/262) experienced weight gain of 10% or more. On [illegible] was assessed between 6 and 12 months. No patients receiving ARIMIDEX or megestrol acetate discontinued [illegible] weight gain. Vaginal bleeding has been reported infrequently, mainly in patients during the first few [illegible] months of ongoing therapy, to treatment with ARIMIDEX. If bleeding persists, further evaluation should be [illegible] postmenopausal women experience joint pain/stiffness has been reported in association with the use of ARIMIDEX. ARIMIDEX may also be associated with rash including very rare cases of mucocutaneous disorders such as erythema multiforme [illegible] Syndrome, Lyell syndrome.

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Why Did Your Last Diet Fail?

By Tiffany Strobel

It could be pre-menopausal or menopausal weight gain. So if you're over 35... and gaining weight in places you've never gained weight before... you're not alone! But researchers may have just discovered the solution!

ou're a woman. You're gaining weight in places you never gained weight before. And you just can't seem to lose the excess pounds as easy as you used to. Join the club! You're more than 47 million American women ing menopausal and pre-menopausal in. (By the way, if you're over 35, opausal" is you.)

re's The Good News...

n't have to look overweight, over-tired, f-shape just because your hormones, m and caloric requirements are changing. ers are finally focusing their attention pausal and pre-menopausal weight gain y because they're getting older and out themselves). And what they're coming up new generation of diet pills specifically d to help menopausal and pre-menopausal lose weight.

Discoveries

estingly, the first of these new-generation s (specifically developed to help overcome usal and pre-menopausal weight gain) is ug, it's a nutraceutical... probably because utical products do not have to go through gthy FDA drug approval process. This new is called Estrin-D, and in recent studies, ve ingredients in Estrin-D were shown to e resting metabolic rate in menopausal and nopausal women, automatically reduce caloric and provide sustained energy. But that's Users reported that Estrin-D helped control swings, virtually eliminated binge eating ve them an overall sense of 'well being.'

First and Only Diet Pill for opausal and Pre-Menopausal ght Loss

ile Estrin-D is the first and only diet pill ically developed to help menopausal and pre-menopausal women lose weight, you can be certain it won't be the last. Society is changing. A new breed of over-35 women are no longer willing to just give up and become old, fat and tired.

"In my mind a product like Estrin-D was inevitable," said Dr. Nathalie Chevreau, Director of Women's Affairs for Covaxil Laboratories, Estrin-D's distributor. "There's a whole generation of women out there who have outgrown *Cosmopolitan* magazine but are not ready to join the AARP [American Association of Retired Persons]. American women are redefining age, beauty and sexuality, proving that life doesn't end at 40. It's about the way you're perceived, your ability to earn and be productive, and it's about the desire to stay strong, self-confident and happy. These women will not allow the MTV generation to push them aside."

For Most of Us, Diet and Exercise Are Not Enough

Dealing with menopausal and pre-menopausal weight gain has not been easy. For most of us, diet and exercise are not enough. We need something more. Something to help with the hormonal and metabolic changes that begin in our mid-thirties. That's why this new emphasis on menopausal and pre-menopausal weight loss is so exciting. "Looking good, feeling young and being energetic are essential. This new generation of diet pills targeting menopausal and pre-menopausal women has the ability to truly change lives," Dr. Chevreau says. "We're glad Estrin-D is the first and only diet pill to address the needs of today's women."

Help Is Finally Here

"This new-found attention to menopausal and pre-menopausal weight loss has been a long time in coming," continues Dr. Chevreau. "Look at the market today: you have diet and energy pills targeted to the under-30 generation (products like Zantrex-3™ from Zoller Labs®), diet pills for the significantly overweight (Leptoprin† from A.G. Waterhouse®), and fat blockers like Xenical® for the general population (from Hoffman LaRoche). But what about 'real' women? You would have thought the menopausal and pre-menopausal weight loss market, which makes up the majority of the femal population, would have been addressed earlier. I guess it's better late than never."

There's no way of telling how many of the maj drug companies currently have menopause-specifi diet pills going through the lengthy FDA approval process, but with the size of the market and changing social trends, you can bet we'll be seeing more than a few menopause-specific diet pills in the near future. But for right now, if you're a woman over 35 and you're battling menopausal or pre-menopausal weight gain, there's only one: Estrin-D. Help is finally here!

Ms. Strobel is the editor of the web's most popula diet site, www.MyFreeDiet.com.

Having a Hard Time Finding Estrin-D™?

If you've been searching for Estrin-D, you already know it's become almost impossible to find. This tiny little pill is attaining "cult" status. Try your local GNC retailer (if they're out of stock, ask the meneger to order you e bottle). Can't wait? Your best bet is to call Covaxil Laboratories direct at 1-800-737-4954, or order online at www.Estrin-D.com. The price is $59.00 for a full 30-day supply... but as demand continues to outpace supply, don't be surprised if you see the price go up.

By tha wey, Estrin-D is backed by a 100% money-back guerantee: if for eny reeson you're not setisfied with Estrin-D, simply return the empty conteiner within 30 days for a full refund, no questions asked.



Call 1-800-737-4954 or visit www.Estrin-D.com

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a key role. "We know that women who have a long period of increased exposure to reproductive hormones, whether naturally occurring or ingested as medication, have denser breasts and an increased breast-cancer risk," says Seema A. Khan, M.D., associate professor of surgery at Northwestern University, in Evanston, Illinois. But the latest research suggests our genes may have the largest impact. A study of twins published in *The New England Journal of Medicine* in 2002 found that heredity accounted for up to 67 percent of a woman's breast density.

What you can do: When you get your next mammogram, ask for your density score. The American College of Radiology has established four categories of density from lowest to highest: Number one indicates that up to 25 percent of the breast is made up of glandular tissue, meaning it's mostly fatty; number two, 25 to 50 percent of the tissue is glandular; number three, 50 to 75 percent is glandular; and number four, 75 to 100 percent.

About one-quarter of women are in category four, says Dr. Feig. But there may be ways to lower your density score. Alcohol can increase glandular tissue, probably by raising the body's production of estrogen, so limit your intake to no more than three drinks per week. Combined hormone-replacement therapy also raises density 3 to 5 percent. Estrogen therapy alone, however, does not appear to increase glandular tissue. If you have dense breasts, you may be able to increase the accuracy of your mammogram by scheduling the test after your period, a time in the cycle when some studies suggest breasts are less dense. In the future, it may be possible to reduce density with medication, a hot research topic right now. Dr. Khan and others are studying the breast-cancer-prevention drug tamoxifen for that purpose.

OBESITY

What we know: Women who are overweight before menopause have a higher incidence of breast cancer after menopause compared with women of a healthy weight. Estrogen appears to be the culprit. After menopause, when the ovaries stop producing the hormone, fat tissue becomes the major supplier of estrogen. In fact, estrogen levels are 50 to 100 percent higher among heavyset postmenopausal women.

The amount of weight a woman gains after age 18 is critical to her breast health

The amount of weight gained after age 18 is a particularly strong predictive factor. Women who put on between 21 and 30 pounds have a 40-percent increased risk of breast cancer. Gaining more than 70 pounds doubles the risk. Another study has found that women who gain more than 38 pounds during pregnancy have a 40-percent greater chance of developing breast cancer after menopause. Those who are overweight or obese and have low levels of the good HDL cholesterol have almost three times the breast-cancer risk. Even worse, obese women who get breast cancer are more likely to die of the disease. Between 11,000 and 18,000 breast-cancer deaths each year are directly associated with obesity.

What you can do: Try to maintain a body-mass index of less than 25 throughout your life. A few studies suggest that weight loss lowers breast-cancer risk; however, the evidence is far from conclusive. The key is to try not to gain weight in the first place.

THE ENVIRONMENT

What we know: Though studies have been done, no conclusive links have been proved between household and environmental toxins and breast cancer. "We have evidence that chemicals can cause the equivalent of breast tumors in animals," says Dale Sandler, Ph.D., chief, epidemiology branch at the National Institute of Environmental Health Sciences (NIEHS), in Research Triangle Park, North Carolina. "But we have very little human data." In an attempt to learn more, NIEHS is recruiting 50,000 sisters of women with breast cancer for a study to determine the role of environmental factors in breast-cancer risk. The Sister Study, headed by Dr. Sandler, will bank samples of each woman's blood, urine and toenail clippings (which can show exposure to hazardous metals). Researchers will analyze dust in the home for metals, chemicals and pesticides. This will be the most comprehensive study of breast cancer and the environment ever undertaken, and because it's following these women for 10 years or more, it may finally yield some answers.

LHJ.com Don't miss our new breast-cancer guide: www.lhj.com/bcguide

WWW.LHJ.COM

Portraits OF HOPE

Courage

"Before treatment, diabetes would slow me down. Now, with the help of my medicine, I can travel, exercise and go out whenever I want."

— Magie Hemphill, 73, Pensacola, FL

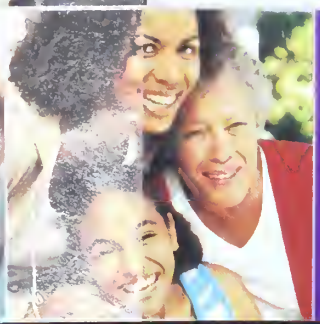


STRENGTH, COURAGE & HOPE

An epidemic of diabetes — a condition in which the body is unable to regulate blood sugar levels — is sweeping the nation. The disease, which is the sixth leading cause of death in the U.S., has increased by 61 percent over the last decade, and is expected to more than double by 2050, according to the Centers for Disease Control and Prevention (CDC). Now, the good news: It's possible to live a long and healthy life with careful attention to diet, exercise and sometimes medication. Read on for important facts about diabetes, as well as how to cope with the disease. There are inspirational words from women who have conquered the illness and a list of key questions to ask your doctor. Don't miss the contest on the last page; simply tell us how you've overcome diabetes and you can win a relaxing getaway and a feature in a future issue of Ladies' Home Journal.







READ SUCCESS STORIES AND FIND OUT HOW TO BETTER MANAGE YOUR DIABETES.

TURN THE PAGE FOR MORE DETAILS



Share Your **Success Story!**

Selected entries will be featured in a future issue of Ladies' Home Journal

PORTRAITS OF HOPE CONTEST

In the previous pages, you've experienced the inspirational words and touching stories of individuals living with diabetes, now we want to hear your story!

Selected entries will be featured in a follow-up issue of Ladies' Home Journal and one lucky reader will win a healthy and relaxing spa getaway.

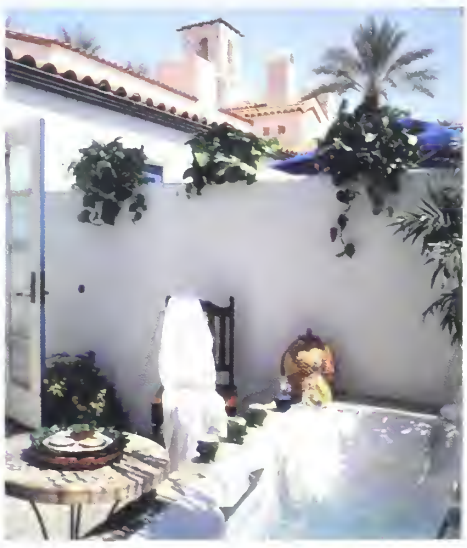
ENTER TO WIN. To enter the Portraits of Hope Contest, submit your story, a recent photo, and an inspiring quote and/or essay with your name, address and telephone number to:

Portraits of Hope Contest
Ladies' Home Journal
125 Park Avenue, 19th Floor
New York, NY 10017

OFFICIAL CONTEST RULES. NO PURCHASE NECESSARY TO ENTER OR WIN. To enter, submit your personal story of success living with diabetes, with the condition, name with your name, address and telephone number to: Portraits of Hope Contest, Ladies' Home Journal, 125 Park Avenue, 19th Fl., New York, NY 10017. Limit one entry per person. Entry must be typed or printed and include your name, address, telephone number and daytime telephone number. Entry must be original, unpublished, and not infringe upon the rights of any third party. Entry must be your own work and must not contain confidential information. By entering, you grant to Meredith Corporation and its affiliates the right to edit, publish, and use your entry in any manner and in any media now known or hereafter developed, including but not limited to print publication, electronic publication, and on the Internet, without compensation, notice or approval. Entry will not be returned. Entry must be received by [illegible] and not be misdirected, incomplete or illegible. Entries will be judged by Meredith Corporation on or about [illegible] and appropriateness to the contest theme. Prize is a spa package for two to [illegible]. Winner's responsibility. Winner must sign and return an affidavit of eligibility and release of liability within 14 days of notification or an alternate winner will be selected. Winner's name will be published in Ladies' Home Journal. Prize includes [illegible] spa treatments and dining [illegible] package must be [illegible] Prize does not include incidentals are the responsibility of the winner. Prize is non-transferable and may not be redeemed for cash except [illegible] express or implied. Sponsor is not responsible for any act or service provided by the [illegible] and neither [illegible] be liable for [illegible] Rules and prize [illegible] Sponsor will award prize [illegible] losses, damages [illegible] Decisions of Sponsor are [illegible] Except where prohibited by law, [illegible] loss, [illegible] Purposes of this [illegible] Liability [illegible] entry with [illegible] Liability [illegible] highest [illegible] affiliate [illegible] to fly with [illegible] regulations [illegible] after [illegible]

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Your Diet's Secret Weapon

The right morning meal boosts energy and can even help you lose weight

hink you'll skip breakfast this orning so you can splurge on holi- ay goodies later and avoid some eight gain? Not so fast. "This strat- y invariably backfires," says David atz, M.D., associate clinical profes- or of public health and medicine at ale University School of Medicine, New Haven, Connecticut, and au- ior of *The Way to Eat*. "It triggers the primal fear of hunger response.' Throughout most of human history, eing without food was a threat to urvival, so when food was plentiful, ve'd overcompensate for the lean imes. It's built into our genes. If you o without eating, particularly around he holidays, and you wind up in ront of a sumptuous spread, in the pan of an hour or less, you'll eat nore calories than you should have ad all day long."

Eating a good breakfast does more than cut the risk of bingeing later on—it revs up your metabolism, provides energy for your body and brain and is a key strategy for weight loss and maintenance. "As the word implies, it really is breaking a fast when the body wakes up empty," says Leslie Bonci, a registered dietitian and director of sports nutrition at the University of Pittsburgh Medical Center. Among participants in the National Weight Control Registry, an ongoing study of more than 4,000 people who've lost a minimum of 30 pounds and kept it off for at least a year, 80 percent are regular breakfast eaters. Meanwhile, other research shows breakfast skippers have 4.5 times the risk for obesity.

A study at the University of Texas at El Paso found that people who ate a substantial breakfast consumed an average of 100 fewer calories a day than when they didn't eat breakfast. Though that may not sound like much, over a year it could mean a 10-pound weight loss.

Breakfast also seems to blunt the effects of hormones that contribute to weight gain. A 2002 Welsh study found an association between eating breakfast cereal and lower levels of cortisol, a stress hormone that stokes appetite and promotes dangerous fat accumulation around the belly.

So what should you eat for breakfast? Experts agree it's best to include lean protein and fiber. The body has to work harder to digest protein than carbs, so it burns more calories in the process. And because a protein- and fiber-rich breakfast is digested more slowly than a carbs-only meal, blood-sugar levels stay steady, so you don't get hungry as quickly. In a 12-year study of more than 74,000 women, those who ate the most fiber were half as likely to gain weight as those who ate the least. Starting the day with fiber even holds blood sugar and insulin levels steady regardless of what you eat later. And, of course, fiber has other benefits, such as lowering the risk of diabetes, heart disease, stroke and colon cancer.

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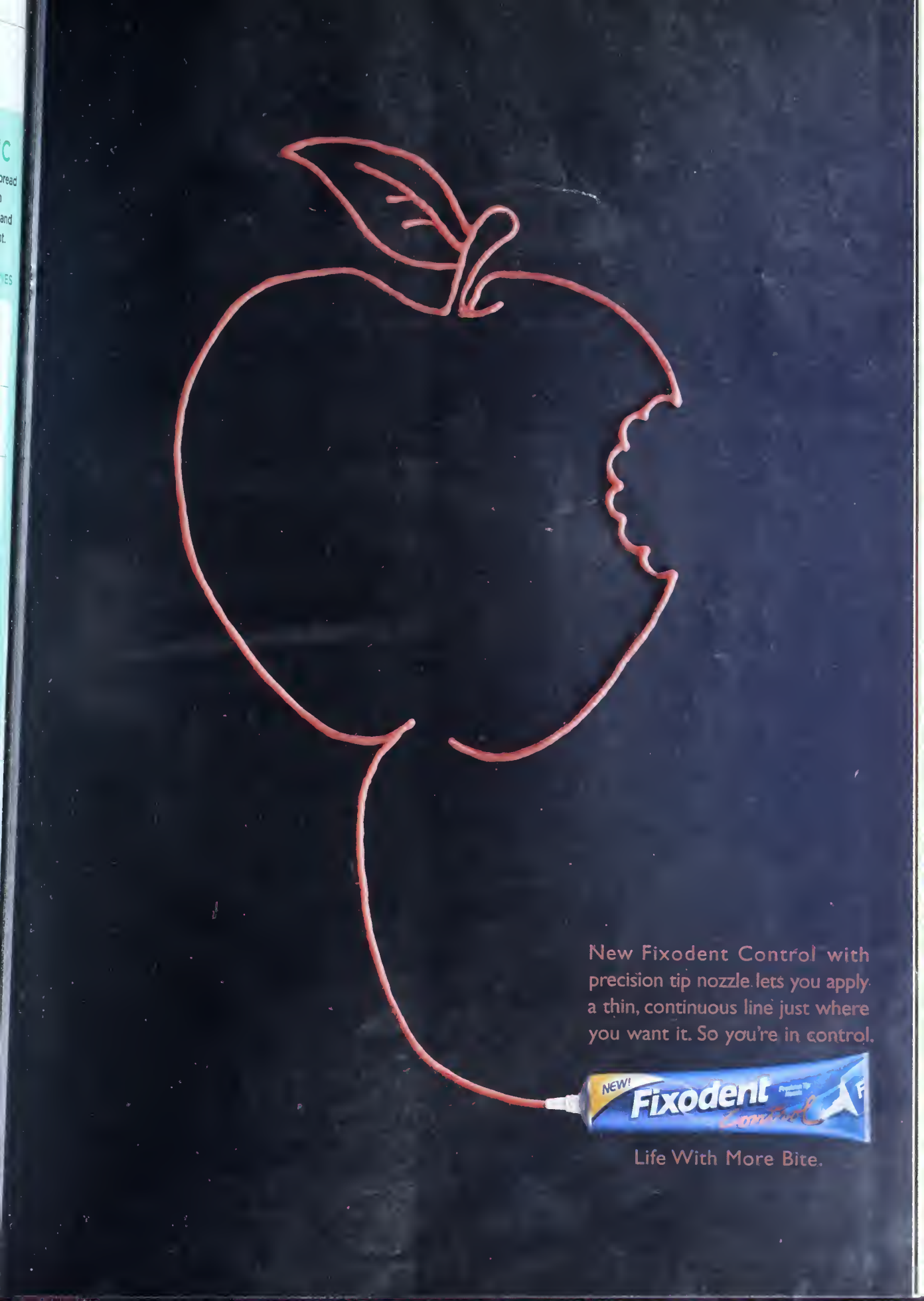
BY NORINE DWORKIN

Breakfasts to Keep You Slim and Energetic

When you start your day with breakfast, you're less likely to overeat later on. Skip the doughnuts and white-bread toast in favor of breakfasts like these, recommended by registered dietitian Leslie Bonci. They all include lean protein and fiber, which are digested more slowly than sugary, refined-carb foods, so they keep you satisfied and healthy. And they all have fewer than 400 calories, which will help keep you feeling full without gaining weight.

BREAKFAST/INGREDIENTS	NUTRITIONAL INFO	CALORIES
APPLE BROWN BETTY Apple, cored and sliced, microwaved on high for 3 minutes, then topped with 1 tablespoon golden raisins, 1 tablespoon chopped almonds and 1 tablespoon chopped walnuts, with 8 ounces light vanilla yogurt	**protein:** 12.2 g; **carbs:** 47.6 g; **fat:** 15.6 g; **sugar:** 36 g; **fiber:** 6.4 g	362
EGG SANDWICH One egg white, scrambled, on a whole-wheat English muffin with 1 ounce Canadian bacon and 1 slice low-fat cheese	**protein:** 21 g; **carbs:** 28 g; **fat:** 4.8 g; **sugar:** 6 g; **fiber:** 4.4 g	336
YOGURT PARFAIT 8 ounces light yogurt mixed with 2 tablespoons nuts and ½ cup berries	**protein:** 17.8 g; **carbs:** 56 g; **fat:** 17.8 g; **sugar:** 45.7 g; **fiber:** 4.4 g	335
OATMEAL Steel-cut (or regular or instant) oatmeal made with ½ cup skim milk, 2 tablespoons nuts, and 1 tablespoon molasses	**protein:** 11.5 g; **carbs:** 50 g; **fat:** 8 g; **sugar:** 19 g; **fiber:** 6.1 g	334
SMOKED SALMON SANDWICH Whole-grain bagel topped with 2 ounces smoked salmon (or 2 ounces canned salmon), 2 tablespoons low-fat cream cheese, and 2 tomato slices	**protein:** 21 g; **carbs:** 42 g; **fat:** 8.7 g; **sugar:** 1.6 g; **fiber:** 2.9 g	321
QUESADILLA Two slices of Canadian bacon and ¼ cup shredded cheddar in a folded-over corn tortilla, heated in a small dry pan till cheese melts, plus 1 small apple	**protein:** 25 g; **carbs:** 32 g; **fat:** 7.5 g; **sugar:** 15 g; **fiber:** 4.3 g	293
APPLE WITH PEANUT BUTTER 1 apple sliced and spread with 2 tablespoons chunky peanut butter	**protein:** 8.4 g; **carbs:** 25.7 g; **fat:** 16 g; **sugar:** 16.5 g; **fiber:** 5.1 g	260
WAFFLES AND YOGURT 2 whole-wheat waffles with 4 ounces low-fat fruit yogurt	**protein:** 9.4 g; **carbs:** 49; **fat:** 3.4 g; **sugar:** 25.5 g; **fiber:** 6 g	259
FRUIT SMOOTHIE 4 ounces skim or soy milk blended with 4 ounces low-fat yogurt and ½ cup berries	**protein:** 9.6 g; **carbs:** 46 g; **fat:** 2.3 g; **sugar:** 40.6 g; **fiber:** 2 g	236
CEREAL AND FRUIT ¾ cup bran flakes with 1 small banana, sliced, and 6 ounces skim milk	**protein:** 9.8 g; **carbs:** 44.8 g; **fat:** .65 g; **sugar:** 34.5 g; **fiber:** 5.2 g	212
BREAKFAST BURRITO 2 egg whites scrambled with 1 ounce low-fat cheese and 2 tablespoons salsa wrapped in a whole-wheat tortilla	**protein:** 22.7 g; **carbs:** 12 g; **fat:** 7.4 g; **sugar:** 0.4 g; **fiber:** 1.2 g	187
APPLE WITH CHEESE 1 apple with 2 ounces low-fat cheese	**protein:** 14.4 g; **carbs:** 20 g; **fat:** 4.2 g; **sugar:** 14.3 g; **fiber:** 4 g	172

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WELCOME TO YOUR BEST THANKSGIVING EVER

We all cherish the traditions of this great American holiday. Enter here for 10 pages of delicious recipes, safety tips, terrific tools and smart make-ahead suggestions

PHOTOGRAPHS BY REED DAVIS
RECIPES AND FOOD STYLING BY LORI POWELL
PROP STYLING BY JAMES LELAND DAY
TEXT BY STEPHANIE EMMA PFEFFER



MENU

FIELD GREEN SALAD WITH CRISPY CHESTNUTS AND PARMESAN

ROAST TURKEY WITH MAPLE APPLE CIDER GLAZE

APPLE, BACON AND ONION STUFFING

CHIVE MASHED POTATOES

GREEN BEANS WITH ALMOND PESTO

CRANBERRY CLEMENTINE COMPOTE

ROASTED BUTTERNUT SQUASH WITH HORSERADISH BUTTER

CARAMELIZED PEARL ONIONS WITH RED WINE

GINGERED PEAR AND DRIED CHERRY TART

LATTICED SPICED SWEET POTATO PIE







Of all the pleasures to savor during Thanksgiving—crisp autumn air, football games, gatherings with family and friends—one of the sweetest is surely the feast. This is the time of year when we savor our traditions and their history of peacemaking and bounty. Whether this is your first year in charge of the main meal or your 50th, you'll love the recipes on the following pages—all presented with some fresh twists and easy how-tos to make the meal as succulent, and stress free, as possible.

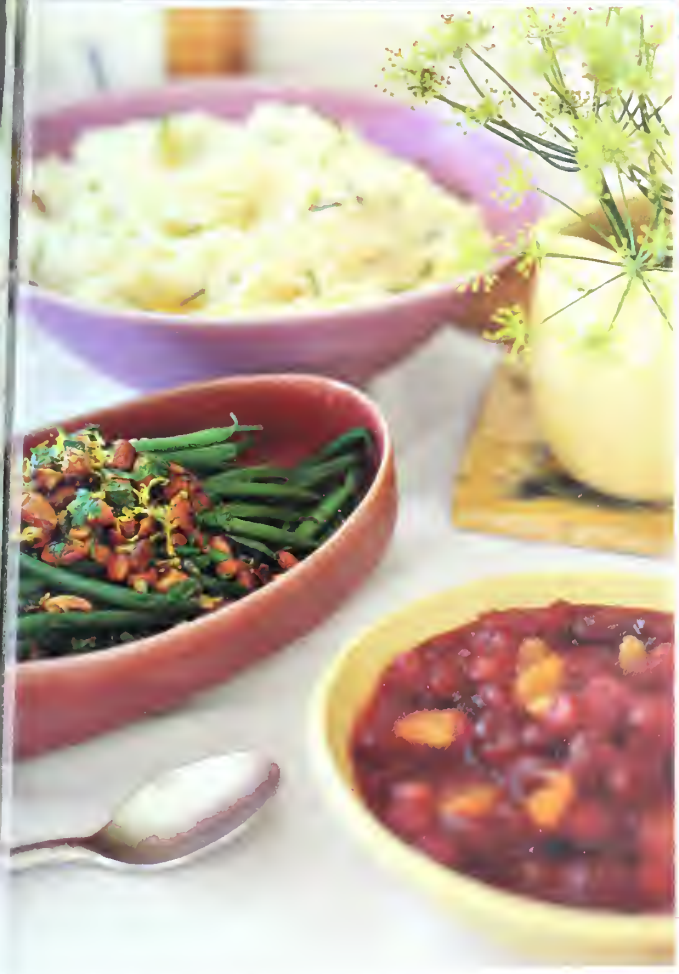
CONTINUED



Add holiday flair to your table by presenting a scrumptious selection of side dishes. From Apple, Bacon and Onion Stuffing to Cranberry Clementine Compote, these winning recipes will have everyone asking for seconds







Field Green Salad With Crispy Chestnuts and Shaved Parmesan

SERVES 8

Prep time: 15 min. **Total time:** 30 min.

Kitchen cue: We used a mix of butter (for flavor) and olive oil (it allows you to cook over a higher heat than butter alone) to make our crispy chestnuts. Vinaigrette can be made 2 days ahead and covered and chilled. Bring to room temperature before serving.

- 7 tablespoons olive oil
- 1 tablespoon unsalted butter
- ½ cup vacuum-packed whole chestnuts, sliced thin lengthwise
- 2 tablespoons sherry wine vinegar
- 2 teaspoons Dijon mustard
- 8 cups mixed salad greens, such as baby romaine and spinach, and radicchio
- ½ cup parmesan shavings, shaved from a 6-oz wedge of Parmigiano-Reggiano with a vegetable peeler

◆ Heat 1 tablespoon oil and butter in a medium nonstick skillet over moderately high heat until butter is melted. Cook chestnuts in two batches.

CONTINUED

stirring occasionally, until browned and crisp, about 5 minutes. Transfer each batch of chestnuts with a slotted spoon to paper towels to drain (they will continue to crisp once cooled) and season with salt and pepper to taste.

◆ Whisk together vinegar and mustard with salt and pepper to taste in a small bowl. Add remaining 6 tablespoons oil in a slow stream, whisking, until vinaigrette is thickened and emulsified.

◆ Put salad greens in a large bowl with half of chestnuts and parmesan. Gently toss with enough vinaigrette just to coat.

◆ Mound on serving plates and garnish with remaining chestnuts and parmesan.

Per serving: 180 calories, 15.5 g total fat, 4 g sat fat, 133 mg sodium, 5 g carbs, 143 mg calcium, 11 mg chol, 5 g protein, 2 g fiber

Roast Turkey With Maple Apple Cider Glaze

SERVES 8

Prep time: 25 min. **Total time:** 4¼ hrs. including standing

Kitchen cue: The apples, sage and thyme that are stuffed in the turkey impart a wonderful flavor to the pan drippings that will make your gravy.

- ½ cup maple syrup
- 2 tablespoons apple cider vinegar
- 1 12- to 14-lb turkey, thawed if frozen, neck and giblets reserved for stock
- 4 large sage sprigs
- 4 large thyme sprigs
- 5 Rome apples, quartered
- 4 tablespoons unsalted butter, melted
- ½ cup dry red wine
- 3 cups turkey stock or chicken broth (recipe follows)
- 3 tablespoons all-purpose flour

◆ Stir together maple syrup and vinegar in a small bowl and reserve.

◆ Preheat oven to 425°F. Rinse turkey inside and out and pat dry with paper towels. Season inside and out with salt and pepper to taste. Loosely fill neck and body cavities with herbs and some of apples. Fold neck skin under turkey and secure with toothpicks. Tuck wings under and tie legs together with kitchen



string. Put turkey, breast side up, on a rack in a large flameproof roasting pan. Add 1 cup water to pan.

◆ Roast turkey in middle of oven for 30 minutes.

◆ Reduce oven temperature to 350°F. and pour butter over turkey. Continue to roast, basting occasionally, for 2 more hours adding additional water (½ cup at a time) if pan is dry. Brush turkey with all of maple glaze and place remaining quartered apples around turkey in roasting pan, flesh side down. Cook apples until tender but not falling apart, about 30 minutes. If apples are done before turkey, transfer apples with a slotted spoon to a bowl and keep warm, covered. If skin of turkey is browning too much, tent breast loosely with foil. Total roasting time should be 3 to 3½ hours, depending on size of bird. Start testing for doneness at 2½ hours until an instant-read thermometer inserted at least 2 inches into inner thigh (be careful not to touch bone) reaches 180°F.

◆ Transfer turkey to a platter, reserving roasting pan and remove toothpicks. Let turkey stand, covered loosely with foil, for 30 minutes. Remove apples and herbs from turkey cavities and discard.

◆ Transfer ¼ cup of fat with some juices from pan to a cup, reserving roasting pan, and whisk with flour.

◆ Straddle roasting pan over 2 burners, then add wine to deglaze pan and boil over moderately high heat, scraping up brown bits until wine is reduced by half, about 5 minutes. Add turkey stock and briskly whisk in flour mixture until combined well. Simmer gravy, whisking occasionally, until slightly thickened, about 7 minutes.

◆ Pour gravy through a sieve set over a medium saucepan, discarding solids, and keep gravy warm, covered. Season with salt and pepper to taste.

Per serving (4 oz. turkey with skin plus ⅛ cup gravy): 315 calories, 13.5 g total fat, 5 g sat fat, 276 mg sodium, 14 g carbs, 45 mg calcium, 101 mg chol, 32 g protein, 1 g fiber

CONTINUED

YOUR WINE AND DINE GUIDE

There's such a wide range of flavors in any Thanksgiving meal—tangy cranberries, creamy mashed potatoes and, of course, that succulent bird. So serve a variety of red and white wines so your guests can help themselves. Here are a few of our recommendations:

Liberty School 2002 Cabernet Sauvignon, California, $15*
This is a full bodied red with intense blackberry and cassis flavors.

Rancho Zabaco Dancing Bull 2002 Zinfandel, California, $11*
This light, zesty red is bursting with raspberry and black-cherry notes.

Cartlidge & Browne 2002 Pinot Noir, California, $10*
Plum and soft with a hint of clove, this red has a silky mouth feel.

Edna Valley Vineyard 2002 Chardonnay, California, $15*
A slightly earthy taste balances out the sweet spice and peach flavors of this white wine.

R.H. Phillips EXP 2002 Estate Bottled Viognier, California, $15*
Lively, a creamy white with balanced flavors of mango and lychee.

**Suggested retail price.*


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QUALITY YOU CAN SEE AND TASTE
BUSH FAMILY CHILI RECIPE
1 LB. GROUND BEEF, BROWNED AND DRAINED
2 TOMATOES, DICED
1 MEDIUM ONION, DICED
1 SMALL GREEN PEPPER, DICED
1 CAN DARK RED KIDNEY BEANS
1 CAN PINTO BEANS
1 CAN OF TOMATO PASTE
1 SMALL CAN OF CHILI SPICES
SPECIAL BLEND OF CHILI SPICES
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Cheeseburger Mac

Prep: 5 min. Cook: 20 min.

1 lb. ground beef
3/4 cup milk
1/3 cup ketchup
1 pkg. (12 oz.) VELVEETA® Shells & Cheese Dinner
1 medium tomato, chopped (optional)
1/4 cup green onion slices (optional)

1. BROWN meat in skillet; drain.
2. ADD 1-1/4 cups water, milk and ketchup. Bring to boil. Stir in Shell Macaroni; return to boil. Reduce heat to medium-low; cover. Simmer 10 minutes or until macaroni is tender.
3. ADD Cheese Sauce, tomato and onions; stir until well blended. Makes 4 Servings.

Deep-Dish Pizza Casserole

Prep: 10 min. Cook: 20 min.

1 pkg. (12 oz.) VELVEETA® Shells & Cheese Dinner
1 lb. ground beef
1 medium green pepper, chopped
1 small onion, chopped
1 can (8 oz.) pizza sauce
1/2 cup KRAFT® Shredded Low-Moisture Part-Skim Mozzarella Cheese

1. PREPARE Dinner as directed on package. Meanwhile, brown meat with green pepper and onion in skillet; drain. Stir in pizza sauce.
2. SPOON prepared Dinner into a 2-quart baking dish; top with meat mixture. Sprinkle with cheese. Cover skillet.
3. BAKE at 375°F for 20 min. or until heated. Makes 4 Servings.

Bacon & Tomato Shells

Prep: 5 min. Cook: 15 min.

1 pkg. (12 oz.) VELVEETA® Shells & Cheese Dinner
1/4 cup OSCAR MAYER® Real Bacon Bits
1 tomato, chopped

1. PREPARE Dinner as directed on package.
2. ADD 1/4 cup OSCAR MAYER® Real Bacon Bits and 1 chopped tomato along with Cheese Sauce.
Stir ingredients until well blended.
Makes 4 Servings.

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rkey Stock

.KES 5 CUPS

:p time: 5 min. **Total time:** 50 min.

chen cue: Making your own stock with the k and giblets of the turkey will give r gravy richer flavor. Stock can be made lay ahead, cooled completely, then covered l chilled.

- 1 tablespoon olive oil
- ırkey neck and giblets reserved from turkey
- 1 medium carrot, chopped
- 1 medium onion, chopped
- 1 large celery rib, chopped
- /2 cups chicken broth
- 2 teaspoons dried juniper berries

Heat oil in a large saucepan over ıoderate heat until hot but not moking and brown neck and giblets, ırning occasionally until golden rown, about 3 minutes. Add egetables and cook, stirring ccasionally until golden, about 5 ninutes. Add remaining ingredients with 4 cups water and simmer briskly, ıncovered, until liquid is reduced to 5 cups, about 30 minutes.

◆ Pour stock through a sieve into a saucepan and discard solids.

Per cup: 80 calories, 5 g total fat, 1 g sat fat, 743 mg sodium, 2 g carbs, 9 mg calcium, 41 mg chol, 6 g protein, 0 fiber



Latticed Spiced Sweet Potato Pie

Apple, Bacon and Onion Stuffing

SERVES 8

Prep time: 30 min. **Total time:** 1 hr. 35 min.

Kitchen cue: Bread can be toasted and vegetables chopped 1 day ahead. Keep vegetables covered and chilled and store bread in a loosely covered bowl at room temperature.

- 8 cups 1/2-inch cubed, firm-white sandwich bread from about 18 slices
- 3/4 lb sliced bacon
- 3 tablespoons unsalted butter
- 2 lbs red onions cut into 3/4-inch pieces
- 3 large celery ribs, chopped
- 2 tablespoons chopped fresh sage
- 2 tablespoons chopped fresh thyme
- 2 large Granny Smith apples, peeled, halved, cored and cut into 1/2-inch cubes (about 3 cups)
- 1 1/2 tablespoons minced garlic
- 1 cup turkey stock or chicken broth

◆ Preheat oven to 375°F. Place bread cubes among 2 sheet pans and toast in upper and lower thirds of oven, stirring occasionally, until golden brown and crisp, about 8 minutes. Transfer bread on pans to racks to cool.

◆ Cook bacon in a large skillet in 2 batches over moderate heat, turning, until crisp, about 7 minutes per batch. Transfer with tongs to paper towels to drain and crumble bacon. Pour off all but 2 tablespoons fat from skillet into a bowl and discard.

◆ Add butter to skillet and heat, over moderate heat, until butter is melted. Cook onion, celery and herbs, stirring occasionally, until tender, about 7 minutes. Add apple and garlic and cook, stirring, until apple is just softened, about 2 minutes. Transfer to a bowl to cool.

◆ Add bread cubes and two-thirds of crumbled bacon to vegetable mixture and toss gently to combine. Season stuffing with salt and pepper to taste.

◆ Spoon stuffing into a buttered, shallow, 4-quart glass baking dish and drizzle with 1 cup turkey stock. Bake stuffing, uncovered, in lower third of oven until top is crispy and golden brown, 25 to 30 minutes. Garnish with remaining crumbled bacon. CONTINUED

FOOD SAFETY TIPS

✤Thaw a frozen wrapped turkey in the refrigerator breast side up, allowing 24 hours for every four pounds. Short on time? Submerse wrapped turkey breast side down, in cold water, allowing 30 minutes per pound. Change water every 30 minutes.

✤Use one cutting board for raw meat, poultry and fish and a second board for cooked food, vegetables and salads. Utensils that come into contact with raw meat should be washed thoroughly before using with anything else. Don't forget to do the same with your hands.

✤Stuff turkey right before roasting (not the night before) and fill cavity loosely. Use only fully cooked meats and cooked vegetables, and use pasteurized egg products instead of raw eggs.

✤Turkey is ready when a meat thermometer inserted deep in the thigh reads 180°F and juices run clear. Stuffing should reach 160°F in the center. Cook a 20-pound turkey at 325°F for 3 hours 30 minutes for a moist bird and juicy meat.

✤Within two hours after roasting turkey, remove stuffing from turkey and carve meat. Store turkey and stuffing separately. Refrigerated, eat both within three days. Frozen, eat stuffing within one month and turkey within two months.

✤Reheat gravy by boiling it on the stove. Microwaves are not hot enough to kill all bacteria.

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Per serving: 380 calories, 15.5 g total fat, 6 g sat fat, 707 mg sodium, 50 g carbs, 121 mg calcium, 25 mg chol, 11 g protein, 4 g fiber

Chive Mashed Potatoes

SERVES 8

Prep time: 10 min. **Total time:** 1 hr.

Kitchen cue: We love the buttery flavor and yellow color of Yukon Gold potatoes. Keep potatoes warm in a metal bowl covered with aluminum foil set over a saucepan of simmering water, stirring occasionally.

- 1½ cups half-and-half
- 4 tablespoons unsalted butter
- 5 lbs Yukon Gold potatoes
- ⅓ cup snipped chives

◆ Heat half-and-half and butter in a small saucepan over moderate heat until butter is melted; keep warm, covered, off heat.

◆ Peel and quarter potatoes. Cover potatoes with 2 inches of water in a 6-quart pot. Simmer potatoes, until tender, about 20 minutes. Reserve ⅓ cup cooking water and drain potatoes well in a colander. Return potatoes to pot and mash with cooking water and three-fourths of butter mixture until smooth. Add remaining fourth of butter mixture to reach desired consistency. Season with salt and pepper to taste. Just before serving, fold in chives.

Per serving: 320 calories, 11 g total fat, 7 g sat fat, 34 mg sodium, 47 g carbs, 51 mg calcium, 32 mg chol, 7 g protein, 3 g fiber

Green Beans With Almond Pesto

SERVES 8

Prep time: 25 min. **Total time:** 40 min.

Kitchen cue: Green beans can be cooked 1 day ahead. After boiling, plunge into a bowl of ice and cold water to stop cooking, drain and pat dry, and keep chilled in resealable plastic bags. Bring to room temperature before reheating in microwave for about 30 seconds.

- ¼ cup olive oil
- 1 cup whole almonds with skin, coarsely chopped
- 1½ tablespoons finely grated fresh lemon zest plus additional zest for garnish
- 1 large garlic clove, minced
- 1½ cups coarsely chopped flat-leaf parsley leaves
- 2 lbs haricots verts or thin green beans, trimmed

◆ Heat oil in a large skillet over moderate heat until hot but not smoking and toast almonds, stirring, until golden brown, about 4 minutes. Transfer nut mixture to a bowl and immediately stir in zest and garlic. Let mixture cool. Stir in parsley and season with salt and pepper to taste.

◆ Cook beans in a 6-quart pot of boiling salted water until just tender, about 8 minutes. Drain beans well in a colander and transfer to a serving dish. Season beans with salt and pepper and serve topped with some of almond pesto. Garnish with lemon zest. Serve additional pesto on the side.

Per serving: 200 calories, 16 g total fat, 2 g sat fat, 12 mg sodium, 12 g carbs, 101 mg calcium, 0 chol, 6 g protein, 4 g fiber

Cranberry Clementine Compote

MAKES 6 CUPS

Prep time: 15 min. **Total time:** 30 min.

Kitchen cue: Clementines are in season at this time of the year (they can be found packaged in wooden crates at your supermarket), but oranges will work just as well. Compote can be made 3 days ahead, cooled, then covered and chilled.

- 4 clementines or 2 oranges
- 1½ lbs (5½ cups) frozen cranberries
- 1 cup sugar
- ½ cup water
- 1 teaspoon dried juniper berries
- 2 tablespoons fresh lemon juice

◆ Remove 5 inches of zest from a clementine with a vegetable peeler, being careful not to get any white pith, and place in a 4-quart saucepan. Trim ends of clementines. Standing fruit on a cut end, trim peel and white pith away from sides with a sharp knife. CONTINUED ON PAGE 182







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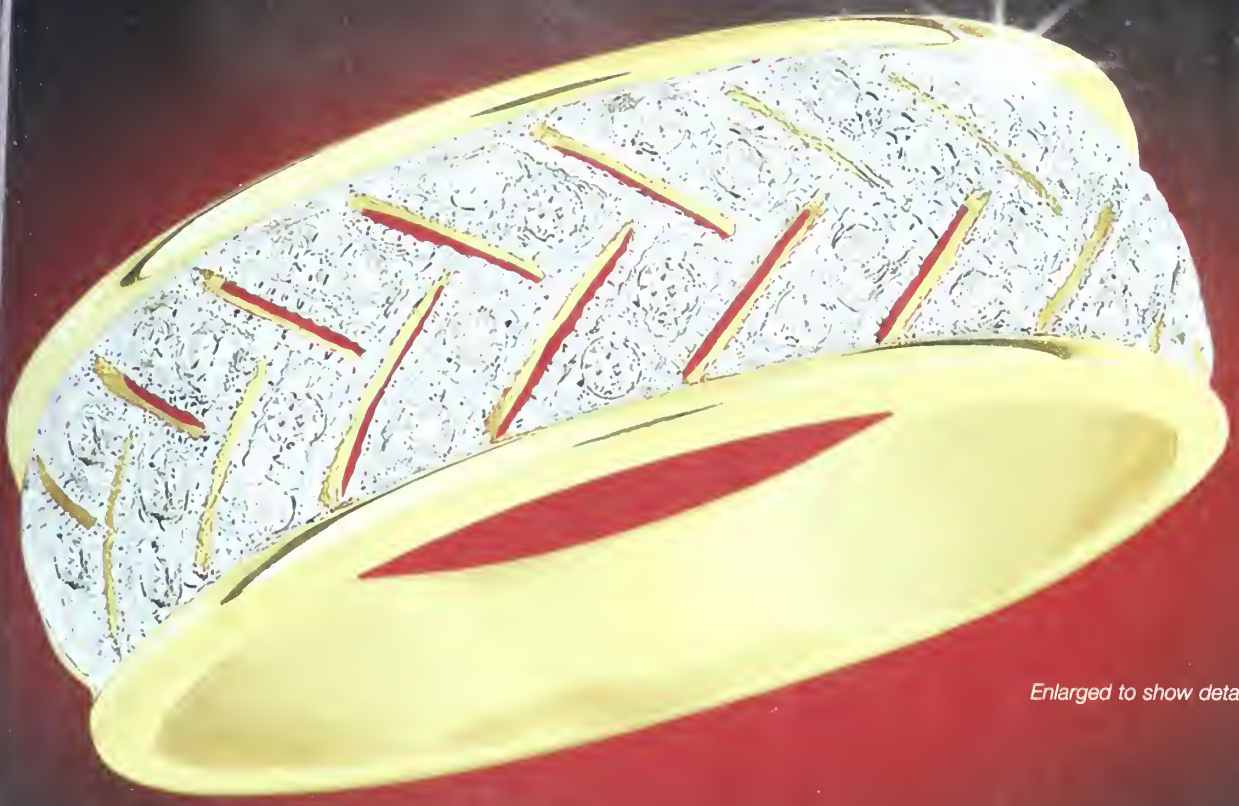
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Then, holding clementine over a bowl to catch juice, cut segments free from membranes and then halve each segment crosswise and reserve.

◆ Add cranberries, sugar, water, and juniper berries to saucepan. Simmer mixture, uncovered, stirring occasionally, until some of cranberries begin to burst, about 15 minutes. Transfer mixture to a bowl and stir in lemon juice and reserved clementine segments with 2 tablespoons of juice. Let mixture cool, then chill, covered. Season with salt and pepper to taste before serving.

Per serving: 100 calories, 0 total fat, 0 sat fat, 1 mg sodium, 26 g carbs, 6 mg calcium, 0 chol, 0 protein, 2 g fiber

Roasted Butternut Squash With Horseradish Butter

SERVES 8

Prep time: 10 min. **Total time:** 50 min.

Kitchen cue: Squash can be roasted in the morning before the turkey and kept loosely covered at room temperature. Reheat in oven, uncovered, when the stuffing goes in the oven.

- 4 lbs butternut squash, halved lengthwise, seeded and cut into 2-inch wedges
- 2 tablespoons extra-virgin olive oil
- 4 tablespoons unsalted butter
- 1 garlic clove, minced
- 1½ tablespoons drained prepared horseradish

◆ Preheat oven to 400°F. Toss squash in a large baking pan with oil and salt and pepper to taste. Arrange squash cut side down. Roast squash in middle of oven, turning occasionally, until golden brown on cut sides and tender, about 35 minutes.

◆ While squash is roasting, melt butter in a small saucepan over moderate heat. Stir in garlic and horseradish and cook, stirring constantly, for 1 minute. Season with salt and pepper to taste. Transfer horseradish butter to a small serving dish and keep warm, covered.

◆ Serve squash on a platter with horseradish butter on the side.

Per serving: 170 calories, 9.5 g total fat, 4 g sat fat, 17 mg sodium, 23 g carbs, 95 mg calcium, 16 mg chol, 2 g protein, 4 g fiber

Caramelized Pearl Onions With Red Wine

SERVES 8

Prep time: 10 min. **Total time:** 30 min.

Kitchen cue: We love the ease of frozen peeled pearl onions, especially during the holidays. They taste so good you'd swear they were fresh.

- 2 one-lb bags frozen peeled pearl onions, thawed
- 1 tablespoon olive oil
- 1 tablespoon unsalted butter
- 2 small sprigs fresh rosemary, plus additional for garnish
- ⅓ cup dry red wine
- 2 tablespoons packed light brown sugar
- 1½ tablespoons balsamic vinegar

◆ Line 2 sheet pans with paper towels and spread onions out to pat dry well.

◆ Heat oil and butter in a large nonstick skillet over moderately high heat until hot but not smoking and cook onions and rosemary, stirring until golden brown, about 5 minutes. Add red wine and simmer, stirring until reduced to 1 tablespoon. Stir in brown sugar and balsamic vinegar and cook over moderate heat, stirring until sugar is melted, about 2 minutes. Transfer onions to a bowl and season with salt and pepper to taste.

Per serving: 80 calories, 3 g total fat, 1 g sat fat, 13 mg sodium, 13 g carbs, 45 mg calcium, 4 mg chol, 1 g protein, 2 g fiber

Gingered Pear and Dried Cherry Tart

SERVES 8

Prep time: 30 min. **Total time:** 2 hrs. including chilling

Kitchen cue: This tart is equally delicious topped with sweetened whipped cream or vanilla ice cream.

- 5 firm-ripe Bosc pears, about 2½ lbs
- 1 cup dried tart cherries
- 1½ cup dry red wine
- ½ cup packed light

CONTINUED

TERRIFIC TOOLS

✦All-Clad Turkey Lifters: It's easy to move the turkey from roasting pan to [illegible] platter using these two sturdy nonstick [illegible]. Set the 5 under the wishbone and each side of the [illegible] (800-6-ALL-CLAD, $37.)

✦OXO Good Grips Fat Separator: Pour drippings into this 4-cup unit through a strainer that catches any [illegible] or chunky bits. Fit [illegible] to top of the cup, allowing fatty juices to be poured from the spout (www.oxo.com, $15.)

✦Kuhn Rikon Magnetic Trivet: Keep pots in place with this tabletop device. Three magnets [illegible] cast iron pots from sliding off the trivet. With a [illegible] heat-resistant feet protect table surfaces and help prevent slippage (Williams-Sonoma, $24.)

✦Taylor Wireless Thermometer and Timer: Check on your bird from any room in the house. Insert the thermometer which is attached to a battery-operated transmitter unit outside the oven into the turkey. When the turkey is fully cooked, the transmitter sends a signal to a pager-sized receiver. (Ace Hardware, $10.) Not into high tech? Polder's Digital Instant-Read Thermometer displays temperature in large, easy-to-read numbers (Williams-Sonoma, $19.)


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brown sugar
1½ tablespoons finely grated peeled fresh gingerroot
⅛ teaspoon salt
1 tablespoon cornstarch
1 tablespoon fresh lemon juice
1 store-bought prepared pie crust sheet (from a 15-oz box), thawed if frozen
1 large egg yolk beaten with 2 teaspoons water for egg wash

◆ Peel, halve lengthwise, and core pears. Cut pears into roughly ¾-inch pieces and place in a 4-quart saucepan with cherries, wine, sugar, gingerroot and salt. Simmer filling, stirring occasionally, over moderate heat until wine is reduced by half, about 20 minutes. Whisk together cornstarch and lemon juice and add to pan. Simmer mixture, stirring, until thickened, about 1 minute. Let mixture cool to room temperature.
◆ Adjust oven rack to lower third of oven. Place a cookie sheet on rack. Preheat oven to 425°F.
◆ Unfold or unroll sheet of dough on a lightly floured surface and roll out with a floured rolling pin into a 17- x 11-inch rectangle. Fit dough into a 13½- x 4½-inch rectangular tart pan with a removable fluted rim. Trim edge of dough, saving scraps, leaving a 1-inch overhang and fold over onto sides of dough in tart pan, pressing them together to form sturdier sides. Brush top edges of sides with egg wash and chill dough until firm, about 20 minutes. Meanwhile, cut out dough scraps with small leaf-shape cutters for decoration and brush with egg wash. Chill decorations until firm, about 10 minutes.
◆ Fill chilled shell with cooled filling evenly and scatter top with leaf decorations.
◆ Bake tart on a cookie sheet in lower third of oven until pastry is golden brown and juices are bubbling around fruit, 25 to 30 minutes. Transfer tart on pan to a rack to cool. Serve tart warm or at room temperature.



Per serving: 315 calories, 8 g total fat, 3 g sat fat, 141 mg sodium, 60 g carbs, 31 mg calcium, 31 mg chol, 1 g protein, 3 g fiber

Latticed Spiced Sweet Potato Pie

SERVES 8

Prep time: 40 min. **Total time:** 3 hr. 20 min.

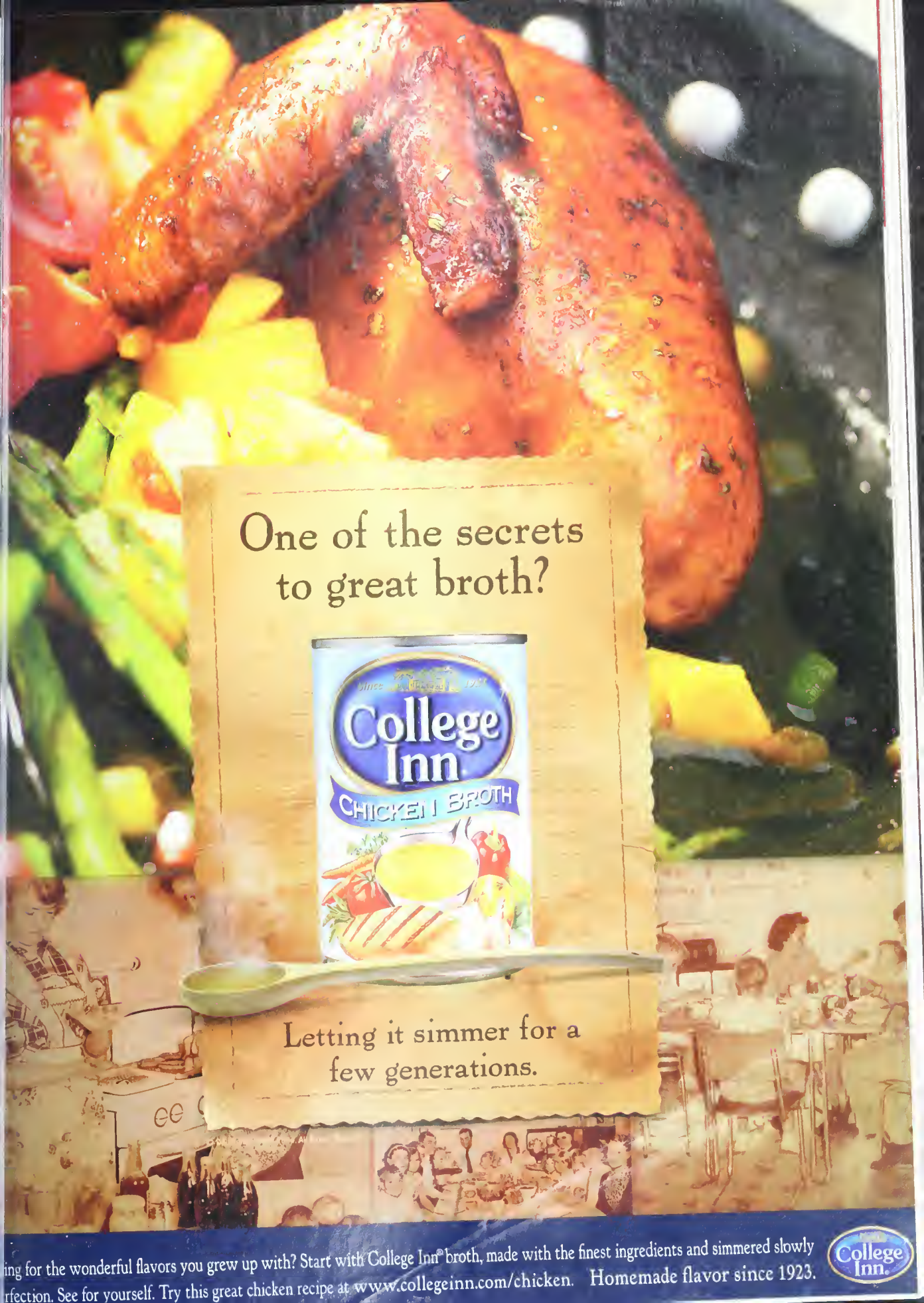
Kitchen cue: Wrapping the sweet potatoes in foil prevents them from drying out.

2½ lbs sweet potatoes, scrubbed
¾ cup half-and-half
3 large eggs
¾ cup packed light brown sugar
6 tablespoons melted unsalted butter
1 teaspoon vanilla extract
2 tablespoons all-purpose flour
¾ teaspoon ground cinnamon
½ teaspoon salt
¼ teaspoon ground allspice
¼ teaspoon fresh-ground nutmeg
1 box store-bought prepared pie crust sheets (15-oz box), thawed if frozen
1 large egg yolk beaten with 2 teaspoons water for egg wash
Sanding sugar for sprinkling

◆ Preheat oven to 400°F.
◆ Prick each potato several times with tines of a fork and wrap each potato tightly in a piece of foil. Bake potatoes on a sheet pan in middle of oven until very tender, about 1 hour and 10 minutes. Transfer potatoes to counter to cool. When cool enough to handle, unwrap potatoes from foil, discarding foil, and scoop enough flesh from potato skins into a large bowl to measure 2½ cups. Mash potatoes until smooth with a fork and let cool. Whisk in half-and-half, eggs, sugar, butter and vanilla. In a separate bow whisk together flour and spices. Add flour mixture to sweet potato mixtur until just combined.
◆ Reduce heat in oven to 375°F. Unfold or unroll 1 sheet of dough on lightly floured surface and roll out wi a floured rolling pin into a 13-inch round. Fit dough into a 9½- x 2-inch round glass pie plate. Trim edge of dough, leaving a 1-inch overhang and fold over onto sides of dough, pressin them together to form sturdier sides and flute edge if desired. Brush top edges of sides with egg wash. Prick bottom of pie shell with tines of a fork and chill dough until firm, about 20 minutes. Line pie shell with foil and fil with pie weights.
◆ Bake in middle of oven 10 minutes. Remove weights and foil and bake shell until pale golden, about 5 more minutes. Transfer crust in pan to a rack to cool. When cool, pour in filling.
◆ Unfold or unroll remaining sheet of dough on a lightly floured surface and roll out with a floured rolling pin into a 13-inch round. Cut strips from round with a sharp knife or fluted pastry wheel into ½-inch-wide strips. Arrange 5 pastry strips evenly across top of pie (about ¾ inch apart) and working with remaining strips weave one at a time over and under pastry strips on pie, beginning in middle and working out to sides. Trim edges of lattice and brush egg under each end of strip, gently pressing to adhere to baked pie shell. Brush top of lattice with egg wash and sprinkle with sanding sugar. Chill pie again until lattice top is firm.
◆ Bake pie in middle of oven (if pastry edges are browning too much at any point cover edges with strips of foil) until filling is just set and pastry is golden brown, about 40 minutes.

Per serving: 575 calories, 27.5 g total fat, 13.5 g sat fat, 393 mg sodium, 74 g carbs, 82 mg calcium, 148 mg chol, 6 g protein, 3 g fiber

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John t; www.johnbarrett.com. **Stepping Out Style Page 69:** Clockwise from left, on idra: Suede band collar jacket, H Hilfiger, $350. .. Mossimo at Target, $9.99. Pinstripe pants, Mizrahi for Target, $24.99. Sneakers, Puma at s.com, $81.95. On Milan: Jacket, $98, Orange $39.50, both Timberland. Cable sweater, Polo $198. On Christina: Jacket with faux fur trim, age, $18. Cardigan, It's Our Time, $15. T Mossimo at Target, $9.99. Skirt, Plugg, plugg.com, $32. Tights, Leg Resource, $8.00. , Hue, $10; select Macy's. Cowboy boots, Frye; fryeboots.com. On Katie: Color-block poncho, 0, turtleneck, $14.50, corduroy skirt, $9.50, clogs, $19.50, tights, $5, all The Children's Place. On Michael: Jean jacket, Gap, $29.50. Hoodie, $16.50, Sneakers, $10.50, both Old Navy. T-shirt, Harley Davidson, $6.99. Track pants, The Children's Place, $12.50. **Page 72:** Jacket, Club Monaco, $129. V neck sweater, Calvin Klein, $120. Turtleneck, Kenneth Cole, $59; www.kennethcole.com. Zebra print skirt, Isaac Mizrahi for Target, $21.99, www.target.com. Boots, Stuart Weitzman, $390; 310 860-9600. **Page 73:** Clockwise from top left, on Alexandra: Jacket, Club Monaco, $129. Turtleneck, Sutton Studio Cashmere, $99. Tweed jacket, DKNY $375. Cardigan, DKNY City, $79. Shirt, $58. Jeans, $68, both Banana Republic. Boots, Justin, $129; 866 210-8853. Pearls with silver chain, $10, double strand, $50, both Carolee. Jacket, Lauren Ralph Lauren Jeans, $89. Grey turtleneck, Sutton Studio Cashmere, $99. Accordion crepe skirt, Isaac Mizrahi for Target, $27.99; www.target.com. Tights, Leg Resource, $10. Boots, Stuart Weitzman, $390; 310 860 9600. On Milan: Blazer, Calvin Klein, $350. Shirt, Polo Golf, $85. Pants, Merona at Target, $19.99. Boots, Kenneth Cole at Zappos.com, $208. **Page 77:** Clockwise from top left, On Milan: Blazer, Calvin Klein, $350. Shirt, Polo Golf, $85. Jeans, Banana Republic, $78. Boots, Kenneth Cole at Zappos.com, $208. On Michael: Varsity jacket, $59.50, Jeans, $11.50, both The Children's Place. Argyle sweater, $24.50, shirt, $19.50, sneakers, $21.50, all Baby Gap. Jean jacket, Baby Gap, $29.50. Hoodie, $16.50, sneakers, $10.50, both Old Navy. T-shirt, Harley Davidson, $6.99. Pants, The Children's Place, $12.50. **Page 78:** Striped poncho, Abercrombie & Fitch, $59.50. Turtleneck, Sutton Studio Cashmere, $99. Jeans, Mossimo at Target, $21.99. Boots, Minnetonka Moccasin at Zappos.com, $69.95. **Page 79:** Clockwise from top left, on Katie: Floral coat, $49.50, Turtleneck, $16.50, floral hat, $11.50, all The Children's Place. Jeans, Gap Kids, $39.50. Color block poncho, $19.50, corduroy skirt, $9.50, clogs, $19.50, tights, $5, all The Children's Place. On Christina: Camouflage jacket, $108, ruffle skirt, $22, both DKNY Jeans. Turtleneck, Old Navy, $24.50. Sneakers, Vans Dutch, $50. Striped scarf, Capelli New York, $20, select Nordstrom. Tights, Danskin, $8.00. Striped Socks, Hue, $10; select Macy's. Corduroy blazer, Rampage, $18. Striped turtleneck, $11.99, corduroy skirt, $39, both XOXO, www.xoxo.com, 866 [illegible]1295. Tights, Hue, $10; select Macy's. Boots, [illegible]STUI, $120. **Light Up Your Life Page 123:** Clockwise from top left: Valencia chandelier, Restoration Hardware; 800 762 1005 or www.restorationhardware.com. Crimson table lamp, Z Gallerie, www.zgallerie.com, 800 358 8288. Japanese paper lamps, Crate & Barrel; 800 967 6696 or www.crateandbarrel.com. Le Klint hanging light, Design Within Reach; 800 944 2233 or www.dwr.com. Medina beaded table lamp, Pottery Barn, 888 779 5176 or www.potterybarn.com. Prestige wall sconce, Thomas Lighting; 502 420 9600 or www.thomaslighting.com. [illegible]. **Page 170:** Wine carafe, IKEA, 800 434 4532 or www.ikea.com. **Page 171:** Napkin under tart, Anthropologie, 800 309 2500 or www.anthropologie.com. Wooden spoon in onions, Anthropologie. **Page 172:** Floral tablecloth, Anthropologie. Flatware, Pottery Barn. Nantucket Basket dinner plate, Wedgwood; www.wedgwood.com. **Page 173:** Wooden bowl, and burgundy flower plate, Anthropologie. Khaki Cargo bowl with cranberry compote and Ovoid spoon, Calvin Klein Home; 800 294 7978. Bowl with mashed potatoes, bowl with beans and trivet, ABC Carpet & Home; 212 473 3000 or www.abchome.com. Wooden spoon in potatoes, Anthropologie. **Page 177:** Scallop edged plate in pea, Anthropologie.



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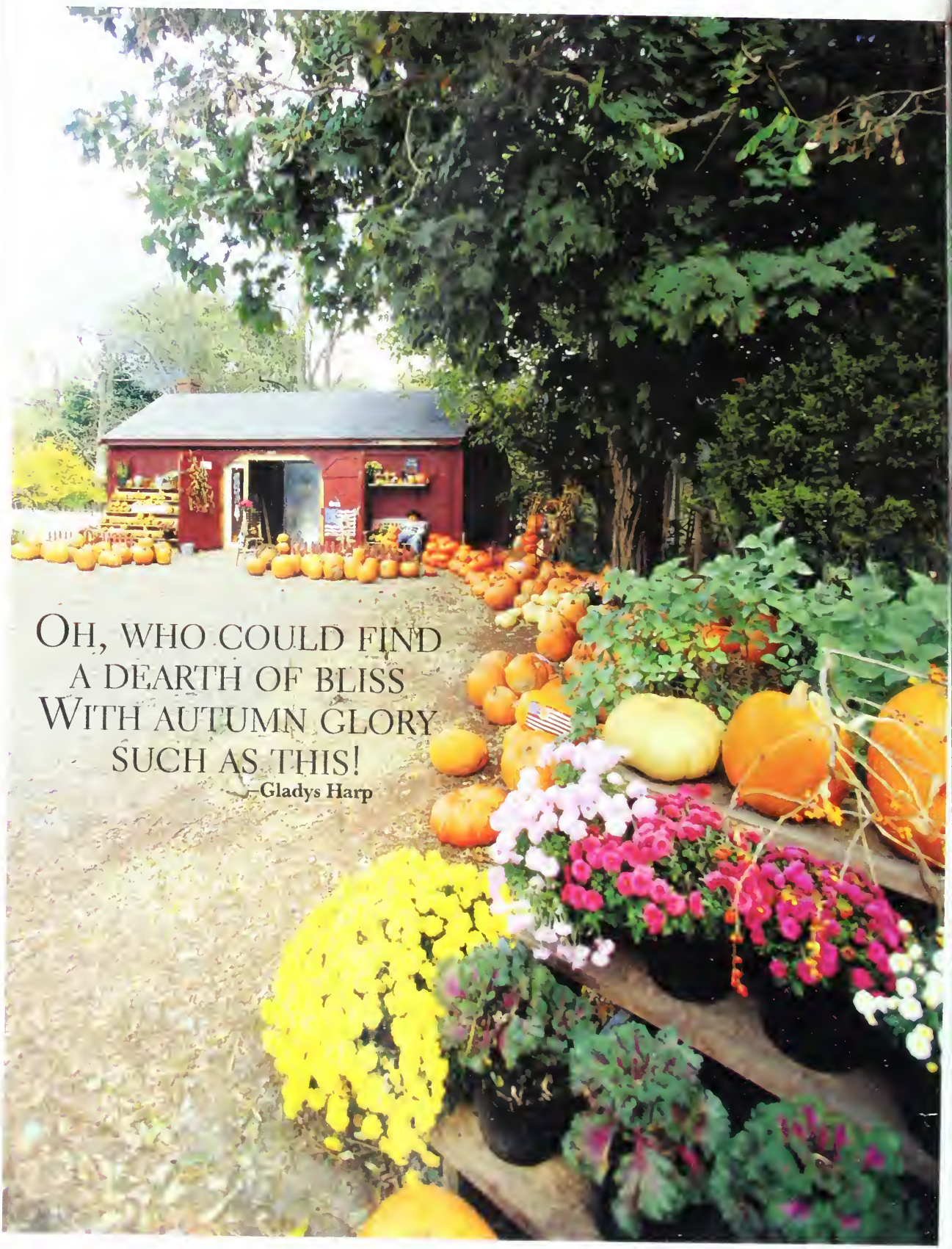
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On the Cover: Kathie Lee Gifford photographed exclusively for *Ladies' Home Journal* by Dana Fineman. **Hair:** Diane D'Agostino. **Makeup:** Michelle Champagne. **Stylist:** Susan Blount. **Prop Stylist:** Melissa Mayes for R.J. Bennett Represents. **On Kathie Lee:** Sweater, Tahari. Pants, Dana Buchman. **Get the Look:** Eye Color in Rose Mist ($7). Eyeliner in Charcoal ($12). Endless Performance Mascara in Black ($9). Crème Lipstick in Antique Rose ($12). The McCaughey septuplets photographed exclusively for *Ladies' Home Journal* by Jay Dickman at Polaris 2004. **Hair and Makeup:** Nancy Rosenberger-Lamo. **Stylist:** Kathryn Gamble. **Prop Stylist:** Peggy Johnston.


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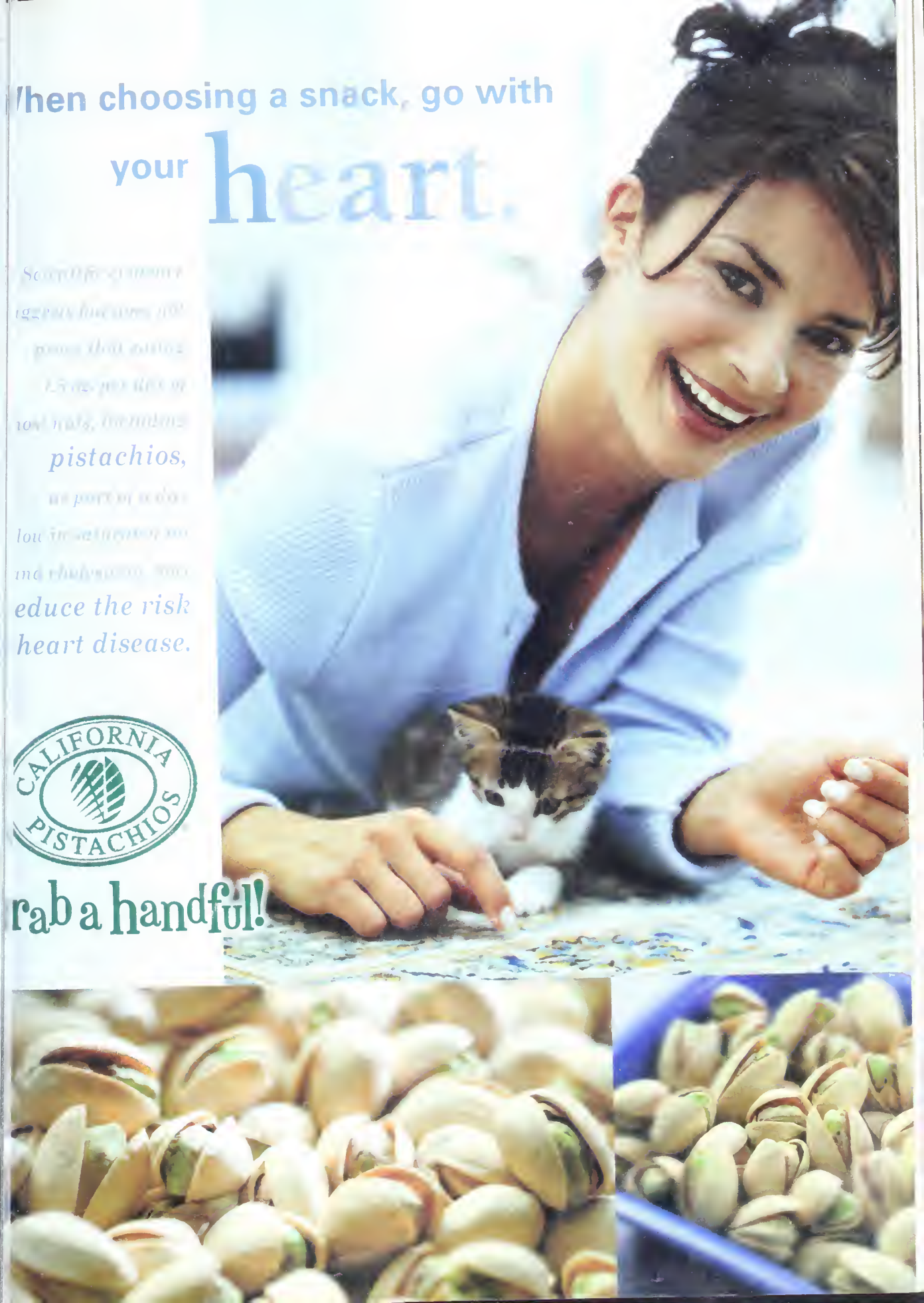
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Savory Herb Rub Roasted Turkey

Prep Time: 20 min. Cook Time: 3 1/2 hrs.

Ingredients:

- 2 tbsp. McCormick® Poultry Seasoning
- 1 tbsp. McCormick® Season-All® Seasoned Salt
- 1 tbsp. McCormick® Paprika
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- 1 tsp. McCormick® Ground Black Pepper
- 1 (12- to 14-lb.) turkey, fresh or frozen, thawed
- 1 large onion, cut into wedges
- 6 McCormick® Gourmet Turkish Bay Leaves
- 1 tbsp. vegetable oil

Directions:

1. Place oven rack in lowest position; preheat oven to 325°F. Combine first six ingredients for seasoning rub; set aside. Line shallow roasting pan with heavy aluminum foil. Place rack in pan.

2. Rinse turkey; pat dry. Sprinkle about one-half of the seasoning rub into turkey cavities then stuff with onion and bay leaves. Place turkey, breast side up, in prepared pan; brush with oil. Spread remaining seasoning rub over turkey. Add 1/2 cup water to pan. Cover loosely with heavy aluminum foil.

3. Roast 3 to 3 1/2 hrs., basting occasionally with pan juices. Turkey is done when meat thermometer inserted in breast reaches 170°F (180°F in thigh). Remove turkey from oven. Let stand 20 min. Reserve pan juices to spoon over turkey or to make gravy.

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1. Combine Turkey Gravy Mix and flour in a medium saucepan. Using a whisk, gradually stir in water, turkey drippings and turkey giblets.

2. Bring to boil over medium heat, stirring occasionally. Reduce heat and simmer 5 min. or until thickened.

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welcome



I believe in being a kid at Christmas, even if you have kids of your own, and yes, even if—especially if—you're drowning in responsibilities and obligations. Find some time during this jolly season to have at least one premeditated moment of fun, purely on your own terms. (Go ahead, put it on your calendar, right now, in ink!) Happily, we have tons of ideas in this issue that you can choose as your inspiration. Maybe you'll spend an afternoon sledding—with or without your kids—like the boy in How America Lives (page 164). Maybe you'll whip up a personal batch of lacy cranberry orange wafers (see recipe on page 141) and enjoy them, feet up, in front of your picture window. Maybe you'll make yourself a star ornament (see directions on page 102) that you display in your office to spread some cheer. Maybe, while you're shopping for the entire extended family, you'll buy yourself a luxurious foot cream (see page 60) or order yourself a box of gourmet chocolates (page 112) or doggie-print pajamas (page 108). But whatever you do, do it in the spirit of childhood innocence and joy, which means guilt free, in the moment, with abandon.

Of course, the holidays really are a community experience—of family, and friends we count as family—and that's why there are pages of luscious-looking food in this issue, starting with our ever-popular cookie recipes, and including a Christmas feast. You'll find simple directions on everything from our recipes to our decorations, which will let you easily re-create these festive flavors and looks in your own home.

Ultimately, though, we observe our traditions to feed the soul, and that's why we're offering some truly special articles on the spiritual meaning of the season. We're particularly proud to offer an exclusive article by Rick Warren, author of *The Purpose Driven Life*, on ways to clear away the commercial chaos and derive soul satisfaction this season (see "The Purpose Driven Christmas," on page 46). Don't miss, too, "The Healing Power of Prayer" (page 50), which looks closely at new medical testimony about the role of faith in the world of medicine.

All of us here at *Ladies' Home Journal* wish you and your family a holiday rich in love, joy and peace.

Diane Salvatore

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can this marriage be saved?

"We Keep Tearing Each Other Down"



Nikki's turn: "Two weeks ago I told Steve to move out," said Nikki, 35, the mother of two boys, Justin, 9, and Jeremy, 6. "I've said it before, but this time I meant it. Our 10th anniversary last month was my wake-up call. I realized we've been having the same ugly fights for years.

"Steve found a condo near our home in a Philadelphia suburb. I thought I'd be relieved but I'm devastated, and so are the kids. Justin has been acting out in school and Jeremy is inconsolable. I feel overwhelmed. I know I've threatened divorce many times but deep down I love Steve—even if it is hard to remember why I fell so hard for him in the first place.

"When Justin was 12 months old, we saw a therapist for a month. But we stopped because Steve didn't like the counselor, and it seemed pointless for me to go alone. Three years later, when Jeremy was born, we tried therapy again, then quit four months later. Once again, Steve couldn't be bothered. He thinks he's the only person on the planet.

BY MARGERY D. ROSEN

"Steve is the kind of guy who walks into a room and the current shifts. He's funny, charming and sexy. I met him at a real-estate conference we both attended. I noticed him right away, and when he sat down next to me at lunch and started a conversation, I was smitten.

"It turned out we had grown up near each other and had several friends in common. They warned me that Steve was known as a party guy and a ladies' man. I of course saw his 'deeper' side and was confident that he would have no trouble committing to someone who understood him so well. In any case, our chemistry—sexual and otherwise—was amazing. We dated for eight months before getting married, in a small ceremony at my parents' country club. We were both 25.

"My parents liked Steve immediately. My dad, who's a charmer like Steve, is a successful real-estate developer, so they enjoy talking business. Mom taught elementary school but stopped working to raise me and my younger brother. She's a screamer who spared no one. If my room was messy, if Dad forgot to do something, if my brother didn't put away his lacrosse equipment, she'd launch into a tirade. *Everything* CONTINUED



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ggravated her. Still, I love my parents nd know I can always count on them.

"I was an English major in college nd after graduating had no idea what wanted to do. I spent two years amping from job to job—ski instructor, vaitress, lifeguard. Fortunately, my arents provided emotional—and occaionally financial—support. At 24 I ook my real-estate licensing exam and started at a small firm. Having grown up in the business, I immediately felt comfortable.

"After we married, Steve and I sublet an apartment in downtown Philadelphia and took advantage of everything the city offered. I loved the fact that we worked in the same field. We weren't direct competitors, so it gave us an extra bond. Then, just six months after the wedding, I discovered I was pregnant. That's when things started to sour. I was excited; Steve wasn't. He gave me very little support during my pregnancy. He was in the delivery room, but he hadn't gone with me to a single doctor's appointment.

"I worked until the day I delivered, but I wanted to be home with my children when they were young. That was a source of fights before Justin was even born. Afterward, when I was home full time, Steve would make snide comments like 'Can't you straighten up around here? You're not even working.'

"I loved being a stay-at-home mom, even though it was exhausting. And I started to resent the fact that Steve was anything but the understanding, helpful husband I'd hoped for. He'd stay out late with clients and golf all day Saturday. It never even occured to him to help me carry in groceries after I'd been to the supermarket. Lots of husbands do that sort of thing without being asked.

"Money is a constant sore spot. Steve is a spender, I'm a saver. I clip coupons, he buys a new flat-screen TV. Yet he put me down for 'not working'! Two years ago, I agreed to come in to the office—he opened his own firm a few years ago—three days a week to handle billing and bookkeeping. The business grew quickly, so those three days soon turned into five. Then I took over some of the residential sales while Steve handled the commercial side. I hired a teenager to stay with the boys after school.

> "Steve is anything but the understanding, helpful husband I'd hoped for"

"While I'm thrilled that our business—I'm officially a co-owner—is doing so well, it burns me up that Steve still expects me to do everything at home. I get up with the kids in the morning, put them to bed at night and juggle everything in between. Is it too much for him to pick up his dirty socks? Do I have to remind him every night to take out the trash? I hate the fact that I fly off the handle like my mother did, and I wish I were less anxious. But when he shows such utter disregard for me, it pushes all my buttons.

"He also has a clever way of cutting short any conversation he doesn't like. He'll say in this holier-than-thou voice, 'I refuse to fight in front of the kids. We'll continue this discussion later.' But of course we [illegible]er do.

"Oddly enough, we function well at work. We operate in different aspects of the business and our offices are at opposite ends of the hall. And we put on a great act when we're with other people.

"Everyone thinks Steve is terrific. They see this giving guy who is Mr. Camp Director, organizing all the kids on the Little League field and making each one feel special. They don't see what I see.

"I can't believe we've let ourselves be so miserable for so long. That's why I told him to get out. But now that he's actually gone, I realize how much I have invested in this relationship—way too much to just let it die. I hope he feels the same way."

[illegible] "For years Nikki has told me to leave every time we have a big fight. This time I took her at her word," said Steve, 35, a handsome man who looked as though he hadn't slept in days. "When I walked out that door two weeks ago, I was convinced we were finished.

"Now I'm confused. My kids are beside themselves; Jeremy called me at 1 A.M., crying and begging me to come home. I don't want them to have the same kind of childhood I had, with parents screaming and fighting all the time, but Nikki and I can't seem to stop ourselves.

"I'll admit that in some ways I've been a jerk, totally immature. I had no idea how to act, what a good husband, let alone a good father, was supposed to be. I didn't understand why Nikki couldn't clean house when she had a 2-month-old who slept most of the time. But I did *not* march in and sneer at her. She always thinks CONTINUED

I'm being malicious when I'm not.

"Nikki's diatribes go on forever—and she doesn't care if the kids hear. I refuse to fight in front of them, so when she doesn't stop, I walk out. We never resolve anything because of her animosity. If I don't do exactly what she wants, she explodes, 'Get out! Get out! I want a divorce!' Because I didn't bring in the groceries? Because I play golf on the weekends? Give me a break. Her reactions have seemed so out of proportion that I've never taken her threats seriously. I see now that I should have.

"I also realize that I was a jerk about counseling. I didn't like the first therapist we saw and I agreed to go the second time only to get Nikki off my back. But I'm uncomfortable talking about personal problems to a stranger. My family didn't believe in therapy.

"I grew up in Philadelphia, the youngest of four kids. My father owned a successful furniture store but he was an alcoholic who drank his salary. My mother handled all the household duties but also worked as a secretary to make ends meet. Dad wasn't physically abusive but he'd rage at my mother. I remember lying in bed at night, shaking as I listened to him. Amazingly, she still waited on him hand and foot. He never lifted a finger. My parents finally got a divorce when I was 17.

"I always had lots of friends, but I was a mediocre student. I went to college in Colorado—I wanted to get as far away as possible—but dropped out, moved back to Philadelphia and found a job in commercial real estate. I've never looked back. I enjoy meeting people and have a good head for structuring deals.

"People always ask, 'How can you work with your wife?' Well, we have the same vision for the company and, fortunately, we also have an ability to put personal stuff aside in the office. We have to—our financial future depends on it. If only we could do the same at home.

> "If I don't do *exactly* what she wants, she explodes, 'Get out! Get out! I want a divorce!' "

"When we first married, we couldn't wait to be together at night. Now she goes upstairs, I go downstairs. Or I did. For the last two weeks I haven't been living there at all, and it has been unbearable. I miss my family more than I ever would have dreamed.

"There are so many things I wish I'd done differently. That said, Nikki has changed. She used to be even tempered and playful. She liked going out as much as I did. Now she's irritable, defensive and nasty, just like her mother. Still, I couldn't face my children, or myself, if I didn't try to patch things up. This time around, I'll give it 200 percent."

The counselor's turn. "After 10 years of marriage, two children and a business, Nikki's and Steve's lives were tightly interwoven, and it was hard for them to picture a life apart," said the counselor. "Yet being together had become intolerable. Bitterness and resentment permeated every corner of their marriage.

"The transition from being partners to being parents triggered conflict and stress, as it does for many people. But these two had an added burden in that they had barely adjusted to being a couple before becoming a family. Not surprisingly, each slipped into negative patterns absorbed during childhood: Nikki became irritable, snappish and hurtful, like her mother; Steve distanced himself and did nothing, like his father. These were extremely unproductive ways of relating.

"'Counseling can't help,' I warned them, 'unless both of you are willing to make a long-term commitment to it. In your past efforts, you gave up too soon.' The fact that Steve promised to try harder this time was an enormous step in the right direction. Before, he had been unwilling to accept any culpability or help. He was jolted into action when he saw how diminished his life really would be if his marriage ended.

"Nikki was right that they'd been fighting about the same issues for years. But she wasn't seeing the forest for the trees: It wasn't the housecleaning or absentee parenting that was driving them apart; it was a daily lack of respect and love. 'Repetitive arguments are a sign that you're stuck in a power struggle that gets activated whenever hot buttons are pushed,' I said.

"Even though Nikki's anger was sometimes justified, she had to find a new way to deliver her message—without sarcasm and criticism, and without issuing constant ultimatums about divorce. Because Steve's childhood was steeped in hostility, he assiduously avoided confrontation. When he couldn't, he felt trapped and lost his temper. Because his parents had never resolved CONTINUED

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conflicts in a mutually supportive way, he was clueless about how to accomplish that.

"After staying in the condo for a month, Steve, at Nikki's invitation, cautiously moved back home. Before he did so, however, we discussed at length two essential elements of marital harmony: goodwill and peaceful resolution of conflicts. Partners with a long history of fighting usually assume the worst in each other, and these two fit that description to a tee. Nikki assumed that Steve would not follow through; he assumed that she'd be on the attack. When a couple is always primed for battle, it's easy to slip into destructive tit-for-tat blaming. 'You're reacting to something that might have happened in the past, not what's happening now,' I told them. 'Unload that extra baggage and put yourselves in the moment.'

"I pointed out that most arguments have a pattern, and identifying that pattern goes a long way toward changing it. 'Make a conscious choice not to get bogged down in the usual rough spots,' I said. 'When you push through, you force a subtle but powerful shift in your attitudes and reactions to each other. You'll be able to disagree without having it degenerate into a shouting match.'

"And that, happily, is what they did. Instead of going into a rant, Nikki began airing her concerns after the kids were asleep, or on the commute to and from work (that time alone in the car, both said, provided a peaceful, neutral setting for serious conversation). Modifying her tone of voice and her body language to convey that she was truly interested in listening to Steve's views, Nikki learned to say, 'I could use some help in the evenings with the kids. How can we handle this differently?' Occasionally she would write e-mails to Steve; putting her feelings in writing had the effect of helping both of them because it forced them to focus on the issue at hand.



"Both Nikki and Steve had the courage to stop the blame game"

"For his part, Steve stopped withdrawing and began to follow through on promises. When an argument erupted and they had to table the discussion, he kept his word that they would return to it later. A relieved Nikki started to feel appreciated and heard. Since they no longer approached each other as adversaries, they were even able to discuss such sensitive subjects as money calmly. For instance, Steve wanted a motorcycle, but Nikki opposed it for financial as well as safety reasons. Avoiding an explosion, they discussed the issue over lunch and agreed that Steve would hold off while the children were small. 'We agreed to revisit it later,' he told me with a laugh. 'I haven't given up.'

"They've also reshuffled the household chores: Nikki gets the kids up and dressed in the morning, and Steve makes breakfast, packs lunches and walks the boys to the school bus. At night she cooks dinner, and he's in charge of baths. They take turns with story time. Steve plays golf only occasionally now, checking first with Nikki to make sure nothing is planned. 'He doesn't do the laundry,' Nikki said at our last session. 'But when everything else is going well, the small stuff is just that—*small*.'

"These two stayed in counseling for two years. Why did the process help this time? For starters, Nikki and Steve were finally on the same page. Both realized that marital healing is not a quick fix but a slow, often-painstaking process requiring patience and long-term commitment. Rising to the challenge, each had the courage to drop the defensive stance, stop the blame game and open the door to real change."



"Can This Marriage Be Saved?" is the most popular, most enduring women's magazine feature in the world. This month's case is based on interviews and information from the files of Joyce Dolberg Rowe, clinical director of the Mars & Venus Counseling Center, in Quincy and Hull, Massachusetts. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation.

With whom do you sympathize more—Nikki or Steve? Tell us at www.lhj.com/talkmarriage

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Suzi Weiss-Fischmann

The first lady of nails

Pamper yourself this holiday season with a trip to the salon!

Suzi Weiss-Fischmann is the co-owner and artistic director of OPI Products Inc., the leader in professional nail care. Like you, Suzi balances family and career – she has more to do in a day than there are hours and not very much time for herself. Here are some of her tips for how to take a break from a very hectic holiday season to relax and feel beautiful!

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Can This Marriage Be Saved . . . by God?



Need a higher authority than a therapist to keep your marriage strong? These best-selling authors show how faith can lead the way **BY TRICIA O'BRIEN**

Joyce Meyer, an evangelical minister and author of *Help Me: I'm Married!*

The Bible, says Meyer, tells us "to be makers and maintainers of peace." There are some things that are worth standing your ground over (like fundamental values) and some that aren't (like your husband's horrendously paired outfits). "If you are walking in love, you don't have to mention every little thing your partner does wrong," she believes.

Ed Young, a senior pastor and author of *Kid CEO: How to Keep Your Children From Running Your Life*

Our culture has "put kids in the corner office," making them the center of the universe, Young believes. But when couples orbit their kids' lives, they lose track of each other. The Bible says the couple's relationship should come first, says Young. Only when this relationship takes priority can the family flourish.

Virginia Todd Holeman, Ph.D., author of *Reconcilable Differences: Hope and Healing for Troubled Marriages* and a licensed family therapist and an associate dean at a theological seminary

"More marriages erode than explode," says Dr. Holeman. What takes time to fall apart also takes time to put back together. After trust has been shattered, reconciliation involves the recognition that you cannot go back to the way things used to be. Rather, "it requires two people committed to the hard work of restoring love and truth and trustworthiness to their relationship," says Dr. Holeman.

Charlotte Kasl, Ph.D., a therapist and the author of *If the Buddha Married: Creating Enduring Relationships on a Spiritual Path*

Relationships are always in flux, as is life, in the Buddhist view, and only by letting go of fixed expectations of others' behavior are we able to live in the present moment. We stop saying things like "But you used to like it that way" or "We've always done it this way." Instead, "Who are you now?" becomes the relationship-building question we ask each day.

Esther Jungreis, a rabbi and the author of *The Committed Marriage: A Guide to Finding a Soul Mate and Building a Relationship Through Timeless Biblical Wisdom*

"There are two ways of looking at every situation," says Jungreis. "You can see light or darkness, blessing or curse. You can choose to be considerate or bitter, patient or angry, loving or critical. It all depends on how you train your eye." Your decision to "use your good eye," she holds in her book, can determine the health of your union.

Gary Thomas, author of *Sacred Marriage: What If God Designed Marriage to Make Us Holy More Than to Make Us Happy?*

Thomas believes it is important to accept that marriage is difficult and says that once you do, it's easier to deal with the challenges. "The difficulty shapes us as people, it enlarges our soul, it develops our character," he says. Where does holiness come in? Thomas says that marital conflicts should be viewed as a call to change yourself rather than your spouse. In other words, relationship difficulties give you an opportunity to grow closer to God, and to each other.

Christopher and Rachel McCluskey, coauthors of *When Two Become One: Enhancing Sexual Intimacy in Marriage*

"Being sexual is an act of worship. It is part of God's original design and if it is of love, it is of God," say the McCluskeys. In that light, making love may be a good way to resolve a disagreement. "Sometimes conflicts look different after making love," explain the authors. The caveat: It doesn't work if you're up against a serious disagreement or a trust issue, or if your marriage is characterized by anger, hatred, criticism, neglect or disdain.

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—Katey Sagal

Be Merry, Shop Safely

Crime spikes at the holidays, so learn how to keep yourself and your loved ones out of harm's way



Holiday shopping isn't all fellowship and good cheer. The number of purse snatchings and automobile break-ins rises at the year's end as thieves seize opportunities. Your best defense is to know the dangers so you can guard against them. "Ask yourself the what-ifs," says Charlene Miller, crime prevention specialist with the Boise Police Department, in Idaho. "It's not paranoia, but preparation."

• For your personal safety, hit the mall with a friend. Two people are less vulnerable than one.

• Wear clothes that let you move freely. Criminals target people who look as though they can't get away. "No heels, no clogs," says Gi Gi Shuttlesworth, a Milwaukee police officer assigned to community services.

• Streamline your pocketbook. To limit potential losses, empty your purse of everything you won't need, such as credit cards for stores you're not visiting. Take a few checks instead of your whole checkbook.

• Safeguard your money from pickpockets. Consider carrying your billfold in a deep front pocket and advise your husband to do likewise or wearing a fanny pack with the pouch in front. If you use a shoulder bag, tuck the sack between arm and body. Wear the strap straight over your shoulder, not draped diagonally across your torso; if someone grabs the bag, you could get dragged along.

• Stay aware of your environment. Make eye contact—bad guys don't want to be identified. Leave that distracting iPod at home and bring a cell phone for emergencies but not chats. Be especially aware around big crowds and events that attract them, such as in-store demonstrations. Thieves love the confusion and close quarters to catch you off guard.

• Don't tromp around with piles of packages. Overburdened shoppers make tempting targets, especially when they set bags down. When the bags build up, go home.

• Stay on guard in the parking garage for potential muggers. Take note of big vehicles, especially those with tinted glass or small windows, because you can't see inside them. Loiterers are also cause for concern. "Very few people just hang around in a parking lot," says Jean O'Neil, director of research for the National Crime Prevention Council.

• Make your exit quickly. When you are ready to leave, have your keys in hand before heading to the parking area. Check for lurkers on both sides of your car and in the backseat before you open the door. Get in, put your packages down and immediately lock your doors. Then turn on the ignition and leave at once. Don't linger in the lot and don't roll down your window to talk to anyone other than the ticket booth attendant. If someone asks for help, pull over only after you reach a well-lit, high-traffic area and call 911. Sad to say, some pleas for aid are actually ruses.

• If you *are* accosted by a thief, as a rule, your safest option is to hand over your valuables without resistance. Throwing your bag and running in the opposite direction may just make your assailant nervous—a bad idea if he's armed. You're unlikely to outrun either a mugger or his weapon. Your life is more important than your property.

BY LESLIE JAY



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my life as a mom



All I Want for Christmas

What's a parent to do when her kids develop a serious case of the "gimmes"?

BY GERRI HIRSHEY

Last year, when my son, Sam, turned 13, I realized it was time to have "the talk." Not the "well, young man, your body is changing" seminar. This was something even trickier than puberty: money. Sam had come home from visiting a pal we jokingly call "Johnny I Got" since Johnny's greetings often consist not of "Hi" but "I got . . . ." Every week he got and got–every electronic gizmo, upscale scooter, skateboard, designer parka. That day Johnny had told Sam he already knew what he was getting for Christmas: not one but two video-game systems, with a mother lode of games at $50 a pop. And Johnny's mom had put $300 on his school lunch card, which let him lavish chips and Snapple on his buddies. "Mom, if he can live like that, why can't we?" Sam wanted to know.

A reasonable–if annoying–question. I had one of my own: What's up with all this junior "bling"? After Christmas break my kids reported their friends' lavish holiday hauls, from cell phones to laptops to mini iPods. A recent TV talk show confirmed my suspicions that this is not behavior confined to the well-to-do: one family of modest means had gone into debt to buy their teen daughter's latest car–her third. And a news report on back-to-school spending revealed that many parents buy electronic gizmos "because children demand more than clothes."

Demand? Excuse me? "Johnny just asks for stuff and he gets it," Sam reported, a tad huffily.

"Let's cut to the chase," I shot back. "Do you figure Johnny's parents love him more than we love you?"

"No way, that's stupid."

"Then what?"

"They have more money?"

"Doubtless true. But they also have different ideas about money. Even if we had the dough, we would not spend it like that."

When I was pregnant with Sam, my husband, Mark, only half-kiddingly declared that our firstborn would be given a single block to play with in order to give his imagination a workout. Of course, before he was gumming Cheerios, we'd gone way beyond the block. Sam and Lila got good, basic toys and some big-ticket items: bikes, a wooden play kitchen, Nintendo, a driveway basketball hoop. But the big, cool stuff arrived rarely and to such joy and surprise that Sam capered like an CONTINUED

0 grams of trans fat.

Hits
the
spot.

Tastes
Good.
Feels
Good.
Wheat Thins.



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5 times
more whitening
than regular toothpaste!*



REMBRANDT.

organ grinder's monkey while his dad and his uncle labored to get the hoop upright. The kids' grandparents are doting but have always treated them to experiences (theater, ball games) rather than stuff. And anytime Sam's stuff envy got the better of him, we could tamp it down with two words: Jeremy Creek.

Sam was three when Jeremy first did his whining and hoarding in a 1993 Cartoon Network Christmas special, *The Town That Christmas Forgot*. Jeremy just couldn't be satisfied: In his drive for the next best must have, the coveted things themselves lost pleasure for him. Much later Sam recognized this diminishment at Johnny I Got's house, where tag sales regularly testified to Johnny's low boredom threshold. That cartoon remains our family code word for selfishness, as in: "Aren't you being a wee bit . . . *Jeremy* here?"

Still, overall, I'm lucky. Though the seductions of status entice my boy, it's not reached a worrisome stage. Both kids have their own savings and different fiscal styles. Sam's money drifts from his sock drawer to his jeans. Lila keeps a tidy wad of savings in a neat wooden box and can tell you the total to the penny. This tells me that, to some degree, such fiscal instincts are bred in the bone. The kids think their parents' spending habits—the economy cars, the bulk buying at warehouse stores—are a bit spartan. The truth is, Mark and I loathe shopping and get the willies in malls. But we persist in sending up small flares of economic guidance above the noisy video TV marketplace where savvy hucksters pander.

Foremost is Mom's "wear it or regret it" rule: For every "must have" pair of jeans or sneakers that end up unworn, an item is subtracted from the next round of shopping. The kids have learned that waste makes Mom wild. For gifts to others, they're encouraged to think outside the big-box store. At the moment, this finds them making custom CDs: favorite "road trip" music for their aunt to thank her for taking them to Cape Cod. For a friend's newborn, they came up with non-treacly musical favorites and called it "No Raffi Aloud."

Above all, I hope to teach them the profound difference between need and desire—a concept lost on the Jeremys and I Gots of their generation. They're growing up in a time when the gap between haves and have-nots has never been greater. So though I pray my children never know need, I make sure they know about it. When I asked Sam to help spackle walls and scrub down bathrooms at a Habitat for Humanity project, he was energetic—but wide-eyed at the building's blasted-out neighborhood. As we loaded the tools afterward, a girl flashed past on a shiny new two-wheeler. The teenagers in our work crew looked startled: Children live here, too—in a part of town a half century of Christmases forgot.

On the ride back to our snug house, I thought about what it might have taken to buy that bike. Credit, maybe. Or a moment of budgetary abandon. No matter the neighborhood, parental love is the root of all our indulgences. It breeds the greatest extravagance from the most basic of instincts. And no matter your spending style, you have to admit: The cost of loving them is a bargain, given the returns.

LHJ.com Help your kids appreciate and manage money; find tips at www.lhj.com/kidsmoney

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A Tale of Two Faiths

We've solved the puzzle of how to celebrate both Christmas and Hanukkah . . . but the holidays are their own special torture for husbands



I run into my friend Tom shopping at a jewelry and crafts store. He has a look of sheer panic in his eyes, and his lips are so tightly pursed that his beard and mustache practically meet. I know that look. It's a very specific form of performance anxiety that starts gripping married men this time of year.

It's fear of "gift impotence," and Tom has an especially bad case. For the past few years, he has been buying his wife, Kim, pieces of jewelry made by the same offbeat artisan, whose stuff he knows she loves. So the gifts have essentially been preapproved: she might as well have registered for them. But now Tom has already bought her the earrings, the necklace, the bracelet, the stickpin. Unless Kim starts an extensive program of piercing in the next week, Tom is screwed. He actually has to *shop* this year. And he'll risk buying something that could fail miserably, causing the entire holiday to unravel.

It suddenly occurs to me why my father was so happy when my mom discovered those shiny, little Swarovski crystal animals. He never had to take another gift risk in his life.

The holidays are hell for husbands, in all kinds of ways that wives will never appreciate. And most of us are smart enough not to complain about these pressures (except to one another) because how much sympathy can we really expect? After all, in most families, nearly every aspect of holiday planning, decorating, buying, wrapping, cleaning and cooking is handled by the women. Husbands contribute so little to this entire enterprise, except, of course, our unsolicited advice that our wives and mothers and sisters shouldn't get so stressed out, for which we get the stink eye or slapped upside the head.

When I casually mention to my wife, Diane, that Tom and I chatted about the pressure to nail that perfect gift, she gives me The Look. "It's the only thing you have to do for the holiday," she says. "And you have the entire year to do it!"

I will admit to feeling a bit guilty that wives do most of what sociologists call "kin keeping." Diane does everything from sending birthday cards to my family members to cataloguing the intrigues, maintaining mental flow charts about who's angry at whom and who'll be touchy about what.

Still, in defense of husbands, we may not get very involved with the planning for the holidays, but once the family celebration actually starts, we're called upon for a CONTINUED

BY STEPHEN FRIED

WWW.LHJ.COM

The Perfect Holiday Homecoming



Welcoming friends and family into your home is one of the most special traditions of the holiday season. It's an occasion for celebrating, making memories and sharing good food.

At this special time of year, you want to create a mood that's inviting, festive and friendly. And you want to serve food that's distinctive and delicious – without a lot of fuss. That's why Pepperidge Farm is a perfect choice for your perfect holiday homecomings.

PEPPERIDGE FARM

Remember what's good.

ADVERTISEMENT

Light the lights, deck the halls

Why [illegible] become holiday traditions!

Maybe because we [illegible] with the people we love best, at a magical time of year.

Here's one recipe that's bound to become a [illegible] favorite. Whether you're hosting Thanksgiving dinner or bringing a dish for a seasonal potluck, this Festive Cranberry Stuffing will receive compliments from everyone. You won't want to wait all year to make it again!





Festive Cranberry Stuffing

Prep/Cook Time: 15 min.

1 can (14 oz.) Swanson® Chicken Broth (1¾ cups)
Generous dash black pepper
1 stalk celery, coarsely chopped (about ½ cup)
½ cup fresh or frozen cranberries
1 small onion, coarsely chopped (about ½ cup)
4 cups Pepperidge Farm® Herb Seasoned Stuffing

MIX broth, black pepper, celery, cranberries and onion in medium saucepan over high heat. Heat to a boil. Cover and cook over low heat 5 minutes or until vegetables are tender.

ADD stuffing. Mix lightly. Serves 5.





EXPRESS YOUR NATURE

Nature's beauty adds welcoming warmth to your home. Decorate a mantel or side table with foliage befitting the season. In November, chrysanthemums and colorful gourds set the right mood, making way for [illegible] branches, poinsettias and pine in December.

nd celebrate the season!

weet Selections

ere's a snowman you can make without tting on your mittens! The kids will want help put this colorful fellow together.

Holiday Snowman Cake

aw Time: 1 to 2 hrs. Prep Time: 20 min.

- box (19.6 oz.) Pepperidge Farm® Coconut 3-Layer Cake, thawed
- cup vanilla ready-to-spread frosting
- bar (about 1.5 oz.) milk chocolate candy
- cup chocolate ready-to-spread frosting
- orange-flavored soft and chewy gummy candy slice
- roll (0.75 oz.) strawberry-flavored chewy fruit snack
- each red and green candy-coated pieces
- Pepperidge Farm® Snack Stick
- Pepperidge Farm® Goldfish® Baked Snack Crackers

LACE cake on platter. Pipe outline of "snowman" and arms" on top of cake as pictured using round decorating tip nd vanilla frosting. Fill outlined areas with frosting. Cut candy ar for "top hat" and arrange at angle on top of snowman.

IPE "eyes" and "mouth" using round decorating tip nd chocolate frosting. Cut and shape orange candy or "nose."

UT fruit snack into several shapes and attach is pictured: strips for "scarf," trim on hat and mittens." Add candies for "buttons." Place Snack Stick broom" near one arm. Arrange crackers in frosting at bottom of Snack Stick for "bristles." Garnish base of cake with colorful candies. Serves 8.

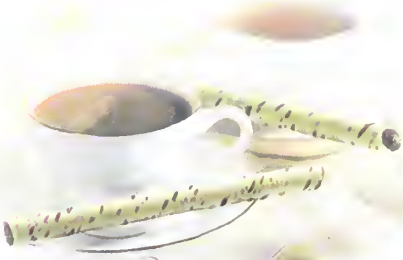






Holiday Entertaining Cookie Collection

This assortment has varieties to please everyone. For your holiday dessert table, set out small dishes of *Pepperidge Farm* cookies on decorative plates, in small baskets or other unique containers. Keep extra boxes on hand in case guests drop by.





Pirouette® Cookies

Amid all the hustle and bustle, take time out for some quiet moments with a good friend or two. Enjoy *Pepperidge Farm Pirouette*® cookies along with the coffee and conversation. Or, serve them with a dish of ice cream.

Visit www.pepperidgefarm.com and www.puffpastry.com for more Holiday Homecoming recipes.

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Remember what's good.®

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Sparkling evenings... cozy mornings



So what could be better than a holiday cocktail and hors d'oeuvres party? Invite friends and neighbors over to help trim the tree or just enjoy each other's company. For a gathering of 8-10 guests, plan to serve 3 or 4 different items.

Fabulous appetizers are surprisingly easy to make with *Pepperidge Farm* Puff Pastry. Chances are this dazzling baked Brie will disappear fast!



BRIE EN CROUTE

Thaw Time: 30 min.
Prep Time: 15 min.
Bake Time: 20 min.
Stand Time: 1 hr.

½ pkg. Pepperidge Farm® Frozen Puff Pastry Sheets (1 sheet)
1 egg
1 tbsp. water
¼ cup toasted sliced almonds (optional)
¾ cup chopped fresh parsley
1 (1 lb.) Brie cheese round
Pepperidge Farm® Entertaining Crackers



THAW pastry sheet at room temperature 30 min. Preheat oven to 400 degrees F. Mix egg and water.

UNFOLD pastry on lightly floured surface. Roll into 14" square. Cut off corners to make a circle. Sprinkle almonds and parsley in center of circle. Top with cheese. Brush edge of circle with egg mixture. Fold two opposite sides over cheese. Trim remaining two sides to 2" from edge of cheese. Fold these two sides onto the round. Press edges to seal. Place seam-side down on baking sheet. Decorate top with pastry scraps if desired. Brush with egg mixture.

BAKE 20 min. or until golden. Let stand 1 hr. Serve with crackers. Serves 12.



Expecting overnight guests?

They'll rise and shine when they smell the aroma of this delicious French toast baking in the oven.

BAKED FRENCH SWIRL TOAST

Prep Time: 15 min. Cook Time: 45 min.
Chill Time: 1 hr.

1 loaf (16 oz.) Pepperidge Farm® Cinnamon Swirl Bread, cut into cubes
¾ cup dried cranberries or raisins
6 eggs, beaten
3 cups half-and-half or milk
2 tsp. vanilla extract
Cinnamon-sugar or confectioners' sugar
Whipped butter
Maple syrup



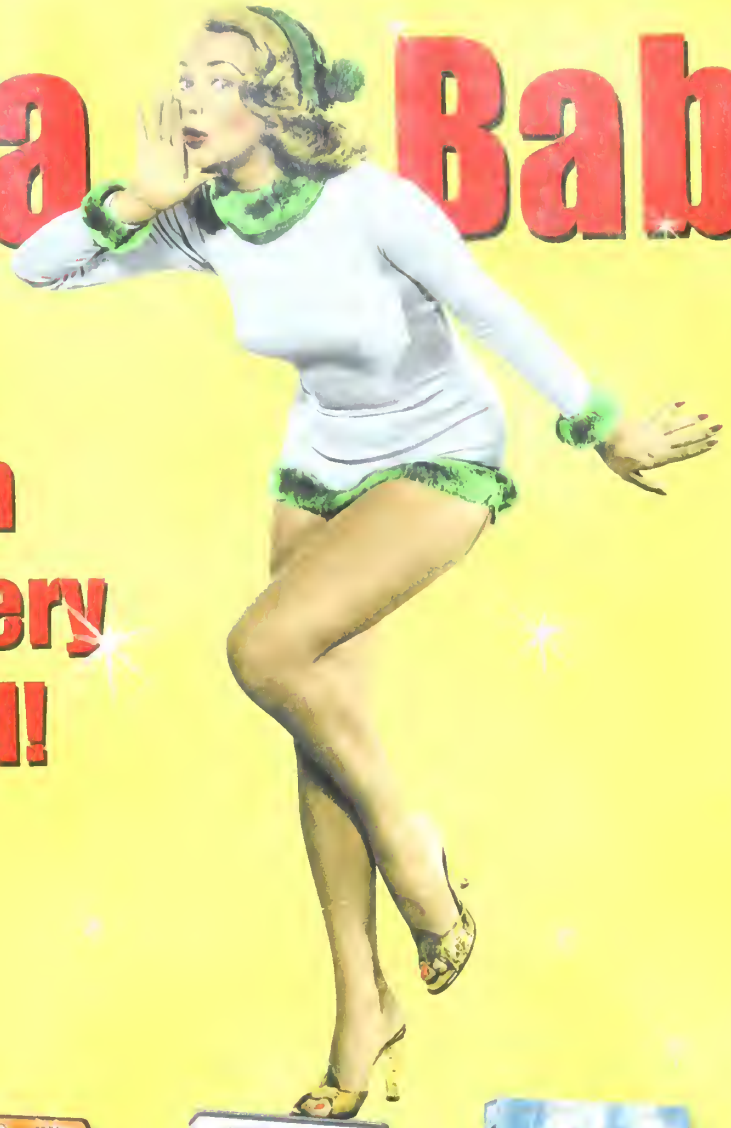
PLACE bread cubes and cranberries in greased 3-qt. shallow baking dish. Mix eggs, half-and-half and vanilla. Pour over all. Cover and refrigerate 1 hr. or overnight. Uncover.

BAKE at 350 degrees F. for 45 min. or until golden brown and set in center. Sprinkle with cinnamon-sugar. Serve with butter and syrup. Serves 8.

Visit www.pepperidgefarm.com and www.puffpastry.com for more Holiday Homecoming recipes.

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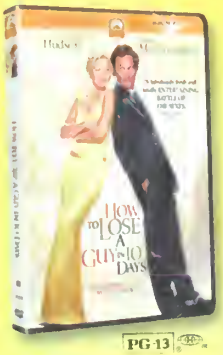
Santa Baby...



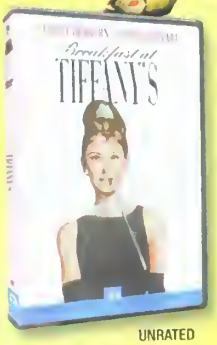
I've been a very, very good girl!



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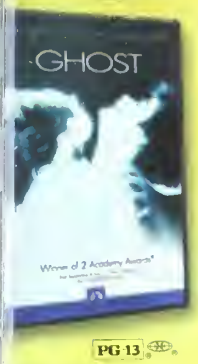
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lot of heavy lifting—physically and psychologically. The winter holidays are more intense than all the others put together. I think I've seen more raw human emotion—family members uncontrollably laughing or weeping (or both at the same time)—during December than during any other month.

Every holiday season, we receive the same plain white postcard from one of Diane's old friends. Always unsigned, it reads, simply sarcastically, "It's the most wonderful time of the year."

Tell me about it.

Actually, for many couples, the biggest holiday issue is one that gets decided during the first year together but is *never* truly resolved: Whose family gets us for which holidays? I deeply sympathize with couples who have to make tough choices for every single holiday. ("I'll give you Columbus Day, Presidents' Day and Arbor Day for Thanksgiving and a holiday to be named later.") In-laws can be remarkably unforgiving when they lose any round of the holiday sweepstakes (and they suddenly forget when they did the same thing to their parents). I've seen some of my peers attempt the radical step of trying to move a family holiday to their own home. While most parents will bite the bullet and show up, the battle of the in-laws usually continues in the form of a competition to see who can best critique, second-guess and *tsk-tsk* the new founders of the feast.

In our marriage, it's a little different. Diane and I celebrate Hanukkah, as does my family; her family celebrates a completely secular, but still tradition-laden, Christmas. There have been years when we have gone to my hometown for several days with my entire extended family—more than 20 people downing well-oiled latkes, which we still make from scratch, and then actually drove directly to be with Diane's family for a few days. It's like watching your whole life pass before your eyes, with the best and worst parts all gift wrapped and sugarcoated.

Don't get me wrong: The highs of these family holiday marathons are some of the best moments in marriage. There is something amazingly powerful about watching your spouse become part of your own family traditions—and truly part of

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SHOPPING A
december concepts



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our family. (Actually, my relatives ow like Diane better than they like ie.) And I'm always amazed by ow many of my wife's family tradi ons I now consider my own after 7 years of irreverent cookie deco ating and the annual presentation f my holiday-mix CD.

But along with the traditions, there s always so much family intrigue: vhispers in kitchen corners, siblings nuddled off in bedrooms having "private" conversations. Husbands are often clueless about all the details, but even we can sense a pending emotional melee and are forced to ise from our comfy chairs to referee.

I'm often called upon to resolve some standoff between my two younger brothers, or between my mother and sister-in-law—who are capable of grating on each other over the most obscure subjects (most recently, the number of bubbles be ing produced by the dishwashing liquid). And, of course, I have acquired important duties in my wife's family celebrations. For example, when my nieces and nephews start bouncing off the walls, it's my job to take them outside for a game they call "Uncle Wolf," where I jump out from behind trees and bushes and cars and howl at them, making them shriek with fright and delight and run around until they have burned off the excess sugar and can be safely returned to the nerve-frazzled adult world. Like many husbands, I am also the designated fetcher. My payback for ignoring all preholiday preparation is to be sent out—again and again—to procure additional supplies. I make a lot of runs for ice and beverages: sodas, milk, juice nd red wine. A *lot* of red wine.

My biggest complaint about the holidays is that amid all this heartfelt emotion and memory making, there's rarely an opportunity to have a private, intimate moment with my wife. The only exception was the year I splurged and gave Diane a Tiffany watch, after which she introduced me to the joys of a carpeted walk-in closet.

Which, come to think of it, is even more incentive to find the perfect gift this year.

Have questions or comments for Stephen? E-mail him at lhj.heartofahusband@meredith.com. Read more about him, and catch up on his past columns, at www.lhj.com/stephenfried





1-877-Actonel • Actonel.com

If your grandmother had osteoporosis, you could too.

Fight back with Actonel.



Your grandmother's hump wasn't a slump. It was osteoporosis. Over time, with osteoporosis, multiple fractures of the spine can cause the back to curve, and in severe cases, form a hump. But Actonel helps protect your bones. It can't unslump a hump, but it can help fight fracture.

Visit Actonel.com for a free osteoporosis information kit.

Ask your doctor if Actonel is right for you.

Actonel is a prescription medication to treat and prevent postmenopausal osteoporosis. Some risk factors for osteoporosis include Caucasian or Asian race, family history, small frame or smoking.

You should not take Actonel if you have low blood calcium, have severe kidney disease, or cannot sit or stand for 30 minutes. Stop taking Actonel and tell your doctor if you experience difficult or painful swallowing, chest pain, or severe or continuing heartburn, as these may be signs of serious upper digestive problems. Side effects are generally mild or moderate and may include back or joint pain, stomach pain or upset, or constipation. Follow dosing instructions carefully.

Please see important information about Actonel on the following page.

Help fight fracture.

Actonel®
(risedronate sodium tablets)

ACTONEL™ (AK-toh-nel) Tablets Patient Information

ACTONEL (risedronate sodium tablets) 5 mg and ACTONEL (risedronate sodium tablets) 35 mg for Osteoporosis

Read this information carefully before you start to use your medicine. Read the information you get every time you get more medicine. There may be new information. This information does not take the place of talking with your healthcare provider about your medical condition or your treatment. If you have any questions or are not sure about something, ask your healthcare provider or pharmacist.

What is the most important information I should know about ACTONEL?

ACTONEL may cause problems in your stomach and esophagus (the tube that connects the mouth and the stomach), such as trouble swallowing (dysphagia), heartburn (esophagitis), and ulcers (see "What are the possible side effects of ACTONEL?").

You must follow the instructions exactly for ACTONEL to work and to lower the chance of serious side effects (see "How should I take ACTONEL?").

What is ACTONEL?

ACTONEL is a prescription medicine used:

- to prevent and treat osteoporosis in postmenopausal women (see "What is osteoporosis?").
- to prevent and treat osteoporosis in men and women that is caused by treatment with steroid medicines such as prednisone.
- to treat Paget's disease of bone (osteitis deformans). The treatment for Paget's disease is very different than for osteoporosis and uses a different type of ACTONEL. This leaflet does not cover using ACTONEL for Paget's disease. If you have Paget's disease, ask your healthcare provider how to use ACTONEL.

ACTONEL may reverse bone loss by stopping more loss of bone and increasing bone mass in most people who take it, even though they won't be able to see or feel a difference. ACTONEL helps lower the risk of breaking bones (fractures). Your healthcare provider may measure the thickness (density) of your bones or do other tests to check your progress.

See the end of this leaflet for information about osteoporosis.

Who should not take ACTONEL?

Do not take ACTONEL if you:

- have low blood calcium (hypocalcemia).
- cannot sit or stand up for 30 minutes.
- have kidneys that work poorly.
- have an allergy to ACTONEL. The active ingredient in ACTONEL is risedronate sodium; see the end of this leaflet for a list of all the ingredients in ACTONEL.

Tell your doctor before using ACTONEL if:

- you are pregnant. We do not know if ACTONEL can harm your unborn child.
- you are breast-feeding. We do not know if ACTONEL can pass through your milk and if it can harm your baby. You will need to decide whether to stop breast-feeding or not take ACTONEL.
- you have kidney problems. ACTONEL may not be right for you.

How should I take ACTONEL?

The following instructions are for both ACTONEL 5 mg (daily) and ACTONEL 35 mg (Once-a-Week):

- Take ACTONEL first thing in the morning before you eat or drink anything except plain water.
- Take ACTONEL while you are sitting or standing up.
- Take ACTONEL with 6 to 8 ounces (about 1 cup) of plain water. Do **not** take it with any other drink (tea, coffee, mineral water, milk or other dairy drinks).
- Swallow ACTONEL whole. Do not chew or suck on the tablet or keep it in your mouth to melt or dissolve.
- After taking ACTONEL you must wait at least 30 minutes **BEFORE**:
  - lying down. You may sit, stand or do anything else, like read the newspaper or take a walk.
  - eating or drinking anything except plain water.
  - you take vitamins, calcium or antacids. Take vitamins, calcium and antacids at a different time of the day from when you take ACTONEL.
- Keep taking ACTONEL for as long as your healthcare provider tells you.
- For ACTONEL to treat your osteoporosis or keep you from getting osteoporosis, you have to take it as often and in the way it is prescribed.
- Your healthcare provider may tell you to take calcium and vitamin D supplements and to exercise.

What is my ACTONEL schedule?

If your doctor has prescribed **ACTONEL 5 mg daily (a yellow tablet)**:

- Take 1 ACTONEL 5 mg tablet every day in the morning.
- If you forget to take your ACTONEL 5 mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 5 mg tablet the next morning and continue your usual schedule of 1 tablet a day. Do **not** take 2 tablets on the same day.

If your doctor has prescribed **ACTONEL 35 mg Once-a-Week (an orange tablet)**:

- Choose 1 day of the week that you will remember and that best fits your schedule to take your ACTONEL 35 mg. Every week, take 1 ACTONEL 35 mg tablet in the morning on your chosen day.
- If you forget to take your ACTONEL 35 mg in the morning, do **not** take it later in the day. Take only 1 ACTONEL 35 mg tablet the next morning and continue your usual schedule of 1 tablet on your chosen day of the week. Do **not** take 2 tablets on the same day.

What should I avoid while taking ACTONEL?

- Do not eat or drink anything except water before you take ACTONEL and for at least 30 minutes after you take it.
- Do not lie down for at least 30 minutes after you take ACTONEL.
- foods and some vitamin supplements and medicines can stop your body from absorbing (using) ACTONEL. Therefore, do not take the following products at or near the time you take ACTONEL: food, milk, calcium supplements, or calcium, aluminum, or magnesium containing medicines such as antacids (see "How should I take ACTONEL?").

What are the possible side effects of ACTONEL?

Stop taking ACTONEL and tell your healthcare provider right away if:

- **swallowing is difficult or painful.**
- **you have chest pain.**
- **you have very bad heartburn and it doesn't get better.**

ACTONEL may cause:

- pain or trouble swallowing (dysphagia).
- inflammation (esophagitis).
- ulcers in your stomach and esophagus (the tube that connects the mouth and the stomach).

Most patients with osteoporosis who took ACTONEL in studies did not have side effects. The most common side effects with ACTONEL include back pain, joint pain, upset stomach, abdominal pain, nausea, gas, constipation, diarrhea, indigestion, and headache. Tell your healthcare provider if you have pain or discomfort in your stomach or esophagus.

These are not all the possible side effects of ACTONEL. You can ask your healthcare provider or pharmacist about other side effects.

What is osteoporosis?

Osteoporosis is a disease that causes bones to become thinner and weaker and break easily. Most people think of their bones as being solid, like a rock. Actually, bone is living tissue. Just like other parts of the body, bone gets old. Every year, some of the old bone is replaced with new bone. Bone that is not replaced as well as it is removed can lead to osteoporosis. Bones that have osteoporosis become weak and fragile, or break (fracture), more easily. Bone breaks, or fractures, can happen in the hip, spine, and wrist. Bones can break from a fall or, sometimes, from stress like bending over or coughing. Your body keeps your bones strong and healthy by replacing old bone with new bone.

Osteoporosis occurs when the body takes away more bone than it replaces. This means that bones get weaker. Weak bones are more likely to break. Osteoporosis is a bone disease that is quite common, especially in older women. However, younger people and men can develop osteoporosis, too. Osteoporosis can be prevented, and with proper therapy it can be treated.

How can osteoporosis affect me?

- You may not have any pain or other symptoms when osteoporosis begins.
- You are more likely to break (fracture) a bone especially if you fall because osteoporosis makes your bones weak. You are most likely to break a bone in your back (spine), wrist, or hip.
- You may "shrink" or get shorter.
- You may get a "hump" curve in your back.
- You may have bad back pain that makes you stop your activities.

Who is at risk for osteoporosis?

Many things can put you at risk for osteoporosis. The following people have a higher chance of getting osteoporosis:

Women who:

- are going through or who are past menopause (the change).
- are white (Caucasian) or Asian.

People who:

- are thin.
- have family members with osteoporosis.
- do not get enough calcium or vitamin D.
- do not exercise.
- smoke.
- drink too much alcohol.
- take corticosteroid medicines (like prednisone or other cortisone-like steroids) for a long time.

General information about ACTONEL

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use ACTONEL for a condition for which it was not prescribed. Do not give ACTONEL to other people, even if they have the same symptoms you have. It may harm them.

What if I have other questions about ACTONEL?

This leaflet summarizes the most important information about ACTONEL for osteoporosis. If you have more questions about ACTONEL, ask your healthcare provider or pharmacist. They can give you information written for healthcare professionals. For more information, call 1-877-**ACTONEL** (toll-free) or visit our Web site at www.actonel.com.

What are the ingredients of ACTONEL?

ACTONEL active ingredient: risedronate sodium.

ACTONEL inactive ingredients: crospovidone, ferric oxide red (5 mg tablets only), ferric oxide yellow, hydroxypropyl cellulose, hydroxypropyl methylcellulose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, silicon dioxide, and titanium dioxide.

ACTONEL is marketed by:
Procter & Gamble Pharmaceuticals
Cincinnati, OH 45202
and
Aventis Pharmaceuticals Inc.
Kansas City, MO 64137

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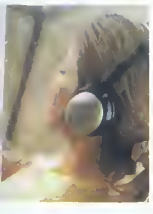
Actonel®
(risedronate sodium tablets)

k of them as a reprieve from the world around you. ther it's the engine roar on airplanes, noise of the city, bustle in the office or the blare of neighborhood yard work, these headphones help you escape them all. And they do it with the flick of a switch. You savor delicate musical nuances in places where you couldn't before. And when you're not listening to music, you can use them to quietly enjoy ttle peace. Clearly, Bose QuietComfort 2 headphones are ordinary headphones. It's no exaggeration to say 're one of those things you have to erience to believe.

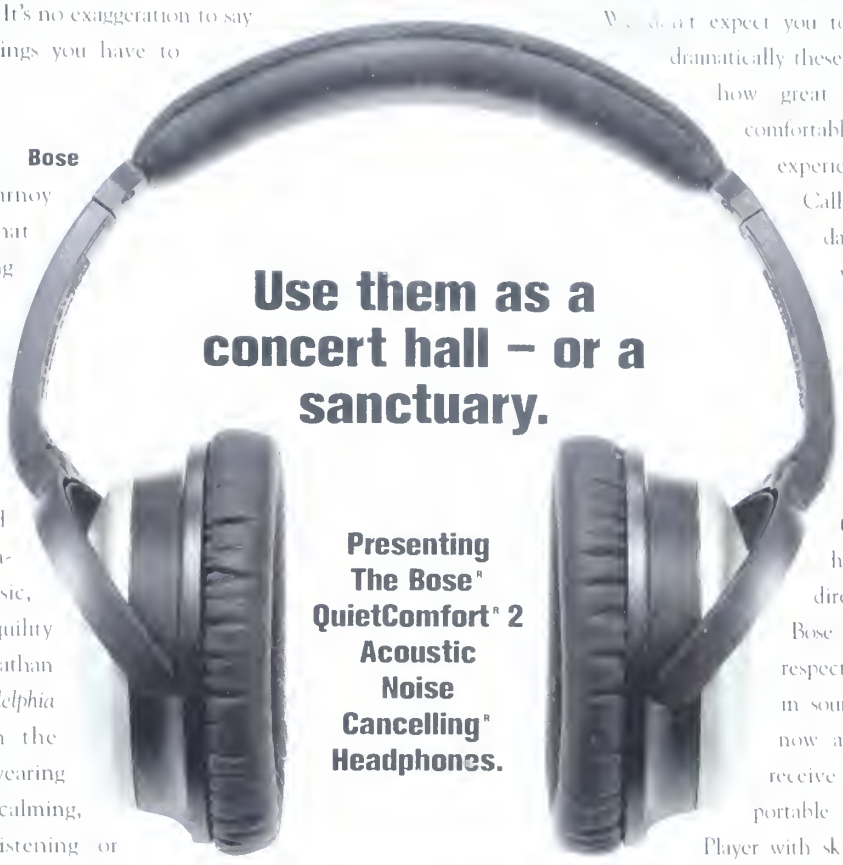


luce noise with Bose hnology. David Carnoy orts on *CNET* that original noise-reducing dphones "set the gold ndard." And according respected columnist h Warren, our newest dphones "improve perfection." They ctronically identify and luce noise while faithly preserving the music, ovie dialogue or tranquility it you desire. As Jonathan kiff reports in the *Philadelphia ily News*, "Even in the isiest environment, wearing ese phones creates a calming, iet zone for easy listening or st snoozing."

njoy your music with our best headphone sound quality ever. fter trying QuietComfort 2 headphones, audio critic Wayne hompson reports that "Bose engineers have made major nprovements." The sound is so clear, you may find ourself discovering new subtleties in your music. *CNET* says All sorts of music – classical, rock, and jazz – sounded refined nd natural."



"The QuietComfort 2 lives up to its name, enveloping you in blissful sound in the utmost comfort. It's easy to forget they're on your head." That's what columnist Rich Warren says. And as Ivan Berger reports in *The New York Times*, the "QuietComfort 2



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"Greyhounds are always ready to be your best friend," says Heater with (from left) Jay, Mackenzie, Ashleigh and Paige

Making Homes for Heroes

Kim Heater's two rescued greyhounds taught her little girls invaluable lessons about charity and compassion

When Kim Heater, 32, a homemaker in Bellefontaine, Ohio, thought about getting a dog four years ago, she rejected the misguided way of doing it: surprising the kids with a puppy under the Christmas tree. Instead, she decided to rescue animals in need to teach compassion to daughters Ashleigh, now 8, and Mackenzie, 6. What she never imagined was the immeasurable joy they would experience thanks to the lessons taught by the animals.

It all started with Paige, a greyhound who began her life as RL Medusa Page, a small brindle that never quite made the grade on Kansas racetracks and was retired by the age of 2.

Kim's husband, Joe, an engineer, thought of adopting a greyhound when he saw one at a Petsmart store in Columbus, which brings the dogs in from Greyhound Adoption of Ohio. The group is one of dozens all across the country that are dedicated to finding homes for these athletic dogs, which often miss out entirely on the carefree pleasures of puppyhood, growing up instead in cages and, in explosive bursts of energy, entertaining gamblers in 15 states. (The Humane Society of the United States vehemently condemns the greyhound racing industry for what it calls this cruel treatment, as well as for the overbreeding and destruction of thousands of the former racing animals each year.)

Remarkably loving and almost always kid-friendly, greyhounds have gained enormous popularity as pets. Anyone with a fenced-in yard (most greyhounds like to take a very brisk run each day, and they aren't good at finding their way home if they run off) is a potential adoption candidate.

"Wait till you see these gentle dogs!" Joe told his wife later that day. So the whole family made the trek to the adoption facility. When they saw Paige, it was love at first sight. She had the softest brown eyes and a dainty face that seemed to say, "Can we go home now?"

Once home, Paige bonded immediately with the kids, following them around, allowing them to hug her with abandon. The Heaters enjoyed watching her take a few zippy laps around their half-acre backyard, then curl up on the couch with the girls for some serious cartoon watching. Within months, the family was taking Paige everywhere—on car rides, to picnics—and when people asked, "Is that a rescued greyhound?" daughter Ashleigh was the first to pipe up with a lesson about how important it is to save animals that need homes. Owning a greyhound gave her a sense of family pride.

So successful was the addition of Paige to the Heater household that soon the family considered getting another. At a meeting for people with rescued greyhounds, Paige made her opinion clear: She seemed CONTINUED

BY JEANNE MARIE LASKAS



TWO Clean Faster Than ONE

THE MR. CLEAN MAGIC ERASER DUO [illegible] A STANDOUT PERFORMANCE [illegible] WON'T SOON FORGET. JUST ADD WATER AND YOU'LL LAUGH OUT LOUD AS THE WHITE SIDE RUBS AWAY TOUGH MARKS AND STAINS, WHILE THE ABSORBENT BLUE SIDE CLEANS UP EVERYDAY MESSES. IN THIS VERSATILE [illegible] MR. CLEAN [illegible] WHY HE'S THE LEADING MAN IN CLEAN.



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to form a doggie crush on Jay, a large, then-5-year-old, white, handsome prince of a dog who had raced for five years in Wisconsin as Jay's Hammer and was available for adoption. The family took Jay home the same day. He blended in seamlessly, earning a reputation as "the dog who likes to lick everyone's toes."

It would seem like a story with a complete enough happily ever after ending. But in the back of her mind, Kim kept a surprising tidbit of information. "Greyhounds make wonderful blood donors," said a woman from Greyhound Adoption of Ohio, offering Kim a phone number to call in case she was ever interested in allowing her canine brood to donate the blood that might prove critical in saving another dog's life. Kim had never really thought about that before: Dogs undergoing operations need blood transfusions just as people do. And that blood has to come from somewhere. Kim thought about it, and thought about it, and eventually found herself face-to-face with C. Guillermo Couto, director of clinical hematology/oncology and the Animal Blood Bank at the Ohio State University (OSU) Veterinary Teaching Hospital, in Columbus.

Any dog of any breed weighing more than 55 pounds is a potential blood donor for another dog, but greyhounds have long been the canine of choice among vets. "There's a lot of fact behind greyhounds as blood donors, and a little folklore," says Couto, 51. "Greyhounds make wonderful donors because they're so docile and easy to work with." They also have thin skin and almost no fat, so their veins are easy to find. Most importantly, greyhounds frequently have a universal blood type—similar to type O negative in humans—which means they can donate to other breeds of dogs. When Couto joined the staff at OSU, in 1983, its veterinary hospital, like other large facilities nationwide, had a colony of about 20 retired racing greyhounds living there solely for the purpose of donating blood.



Quiet moments of downtime are a shared joy

But to Couto, that seemed wrong. Hadn't these greyhounds lived in cages long enough? The dogs could still give blood if he could find families willing to adopt them and bring them in for donation. It's the same sort of thinking that has started foster programs for greyhound blood donors in university veterinary hospitals across the country.

Couto found homes for all 20 donor dogs at OSU—and has adopted five himself over the years. He got the word out to greyhound rescue associations that this was a wonderful contribution that dogs could make to their canine counterparts. A greyhound can donate as often as once every three weeks, painlessly and with no ill effects. All of the dogs receive free food from the Iams Company, one of the OSU program sponsors, as well as complete medical care, including all vaccines, for as long as they participate in the program.

Nowadays Kim Heater has a once-a-month appointment for Paige and Jay. She loads the kids (which now include 9-month-old Isabelle) and the dogs into the SUV, and they all listen to songs on the radio as they make the one-hour trek to Columbus. Together they escort the dogs into the OSU waiting room, the place where so much magic has happened since they began doing this last year. Often they meet people who are there with critically ill dogs. And often they are asked what these seemingly healthy greyhounds are doing at a hospital that caters to critically ill animals. When Kim explains that Paige and Jay are blood donors, people are invariably overcome.

"One woman broke down in tears," recalls Kim. The woman's dog had cancer. She leaned into Paige and took hold of her gentle face. "You just might be the one that's saving our dog's life." Watching this, Ashleigh brimmed with pride. "That's our dog," she said. "That's our dog!"

Sometimes, at home, when Paige and Jay are curled up beside the fireplace on a snowy afternoon, and the girls bounce around them with their dolls, Kim steps back and marvels at the ways in which two dogs in need have enhanced her children's lives with the unimagined lessons of compassion and charity.

"I'll look at them, and they're just such all-around happy-go-lucky dogs," she says. "Do you think it's possible they know they're doing something good for the world?"

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I found the strength to be their guardian angel.

www.procrit.com

If you're on chemotherapy and too tired to do the things you need to do, you may be anemic and not even know it. It's important to talk to your doctor. The fact is anemia affects 7 out of 10 chemo patients, often causing extreme tiredness, dizziness and shortness of breath. It can even affect your ability to think clearly and may cause you to interrupt your treatment. Fortunately though, there's PROCRIT. It treats chemo-related anemia by helping you regain red blood cells lost during chemotherapy. And more red blood cells can mean more strength. Help your doctor help you get back to what's important by asking about PROCRIT.

PROCRIT is for chemotherapy-related anemia in patients with most types of cancer. PROCRIT is available by prescription only and is injected by your doctor or nurse. PROCRIT is not for patients with uncontrolled high blood pressure. High blood pressure has been noted rarely in cancer patients treated with PROCRIT and blood pressure should be monitored carefully. Drugs like PROCRIT may increase the risk of blood clots. In studies, the most common side effects included fever, diarrhea, nausea, vomiting, edema, shortness of breath, tingling, and upper respiratory infection. Please see the following brief summary of Prescribing Information.

PROCRIT®
EPOETIN ALFA
Strength for Living™

FOR CHEMO-RELATED ANEMIA IN PATIENTS WITH MOST TYPES OF CANCER

TALK TO YOUR DOCTOR OR CALL 1-877-4PROCRIT.

Manufactured by Amgen Inc., Thousand Oaks, CA 91320-1799 Distributed by: Ortho Biotech Products, L.P., Bridgewater, NJ 08807-0914 MS2-387B

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR PROCRIT® IN THE TREATMENT OF ANEMIA IN CANCER PATIENTS ON CHEMOTHERAPY

PROCRIT®
Epoetin alfa
FOR INJECTION

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS, REFER TO THE *PHYSICIANS' DESK REFERENCE*®

INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia in patients with nonmyeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy. PROCRIT® is indicated to decrease the need for transfusions in patients who will be receiving concomitant chemotherapy for a minimum of 2 months. PROCRIT® is not indicated for the treatment of anemia in cancer patients due to other factors such as iron or folate deficiencies, hemolysis, or gastrointestinal bleeding, which should be managed appropriately.

CONTRAINDICATIONS

PROCRIT® is contraindicated in patients with: 1. Uncontrolled hypertension. 2. Known hypersensitivity to mammalian cell-derived products. 3. Known hypersensitivity to Albumin (Human).

WARNINGS

Pediatric Use: The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal.

Thrombotic Events and Increased Mortality

A randomized, prospective trial of 1265 hemodialysis patients with clinically evident cardiac disease (ischemic heart disease or congestive heart failure) was conducted in which patients were assigned to PROCRIT® treatment targeted to a maintenance hematocrit of either 42 ± 3% or 30 ± 3%. Increased mortality was observed in 634 patients randomized to a target hematocrit of 42% [223 deaths (35% mortality)] compared to 631 patients targeted to remain at a hematocrit of 30% [185 deaths (29% mortality)]. The reason for increased mortality observed in these studies is unknown, however, the incidence of non-fatal myocardial infarctions (3.1% vs 2.3%), vascular access thrombosis (39% vs 29%), and all other thrombotic events (22% vs 18%) were also higher in the group randomized to achieve a hematocrit of 42%.

Increased mortality was also observed in a randomized placebo-controlled study of PROCRIT® in adult patients who did not have chronic renal failure (CRF) who were undergoing coronary artery bypass surgery (7 deaths in 126 patients randomized to PROCRIT® versus no deaths among 56 patients receiving placebo). Four of these deaths occurred during the period of study drug administration and all four deaths were associated with thrombotic events. While the extent of the population affected is unknown, in patients at risk for thrombosis, the anticipated benefits of PROCRIT® treatment should be weighed against the potential for increased risks associated with therapy.

In a randomized, prospective trial conducted with another Epoetin alfa product, in 939 women with metastatic carcinoma of the breast who were receiving chemotherapy, patients were assigned to receive either Epoetin alfa or placebo for up to a year, in a weekly schedule, with the primary goal of showing improved survival and improved quality of life in the Epoetin alfa treatment arm. This study utilized a treatment strategy designed to maintain hemoglobin levels of 12 to 14 g/dL (hematocrit 36 to 42%). Increased mortality in the first 4 months after randomization was observed among 469 patients who received the erythropoietin product [41 deaths (8.7% mortality)] compared to 470 patients who received placebo [16 deaths (3.4% mortality)]. In the first four months of the study, the incidence of fatal thrombotic vascular events (1.1% vs 0.2%) and death attributed to disease progression (6.0% vs 2.8%) were both higher in the group randomized to receive Epoetin alfa as compared to placebo. Based on Kaplan-Meier estimates, the proportion of subjects surviving at 12 months after randomization was lower in the Epoetin alfa group than in the placebo group (70% vs 76%), p = 0.012, log rank. However, due to insufficient monitoring and data collection, reliable comparisons cannot be made concerning the effect of Epoetin alfa on overall time to disease progression, progression-free survival, and overall survival.

Pure Red Cell Aplasia

Pure red cell aplasia (PRCA), in association with neutralizing antibodies to native erythropoietin, has been observed in patients treated with recombinant erythropoietins. PRCA has been reported in a limited number of patients exposed to PROCRIT®. This has been reported predominantly in patients with CRF. Any patient with loss of response to PROCRIT® should be evaluated for the etiology of loss of effect (see PRECAUTIONS, LACK OR LOSS OF RESPONSE). PROCRIT® should be discontinued in any patient with evidence of PRCA and the patient evaluated for the presence of binding and neutralizing antibodies to PROCRIT®, native erythropoietin, and any other recombinant erythropoietin administered to the patient. Amgen/Ortho Biotech Products, L.P. should be contacted to assist in this evaluation. In patients with PRCA secondary to neutralizing antibodies to erythropoietin, PROCRIT® should not be administered and such patients should not be switched to another product as anti-erythropoietin antibodies cross-react with other erythropoietins (see ADVERSE REACTIONS).

Albumin (Human)

PROCRIT® contains albumin, a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases. A theoretical risk for transmission of Creutzfeldt-Jakob disease (CJD) also is considered extremely remote. No cases of transmission of viral diseases or CJD have ever been identified for albumin.

PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT® therapy, no serious allergic or anaphylactic reactions were reported (see ADVERSE REACTIONS for more information regarding allergic reactions).

The safety and efficacy of PROCRIT® therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT® therapy, the possibility of pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in patients with CRF treated with PROCRIT®. However, PROCRIT® has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT® should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT® therapy was associated with subclinical bone marrow fibrosis. Bone marrow fibrosis is a known complication of CRF in humans and may be related to secondary hyperparathyroidism or unknown factors. The incidence of bone marrow fibrosis was not increased in a study of adult patients on dialysis who were treated with PROCRIT® for 12 to 19 months, compared to the incidence of bone marrow fibrosis in a matched group of patients who had not been treated with PROCRIT®.

Cancer patients should have hemoglobin measured once a week until hemoglobin has stabilized, and measured periodically thereafter.

Lack or Loss of Response: If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1. Iron deficiency. Virtually all patients will eventually require supplemental iron therapy (see IRON EVALUATION). 2. Underlying infectious inflammatory or malignant processes. 3. Occult blood loss. 4. Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5. Vitamin deficiencies: Folic acid or vitamin B12. 6. Hemolysis. 7. Aluminum intoxication. 8. Osteitis fibrosa cystica. 9. Pure Red Cell Aplasia (PRCA). In the absence of another etiology, the patient should be evaluated for evidence of PRCA and sera should be tested for the presence of antibodies to recombinant erythropoietins.

Iron Evaluation: During PROCRIT® therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT® therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT®.

Drug Interactions: No evidence of interaction of PROCRIT® with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT® has not been evaluated. PROCRIT® does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In male and female rats treated intravenously (IV) with PROCRIT®, there was a trend for slightly increased fetal wastage at doses of 100 and 500 Units/kg.

Pregnancy Category C: PROCRIT® has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT® should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 Units/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 Units/kg. PROCRIT® has not shown any adverse effect at doses as high as 500 Units/kg in pregnant rabbits (from day 6 to 18 of gestation).

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT® during gestation and lactation revealed no effect of PROCRIT® at doses of up to 500 Units/kg. There were however decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 Units/kg group. There were no PROCRIT®-related effects in the F2 generation fetuses.

It is not known whether PROCRIT® is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT® is administered to a nursing woman.

Pediatric Use: See WARNINGS, PEDIATRIC USE.

Pediatric Cancer Patients on Chemotherapy. Published literature has reported the use of PROCRIT® in approximately 64 anemic pediatric cancer patients ages 6 months to 18 years, treated with 25 to 150 Units/kg subcutaneously (SC) or IV, 3 to 7 times per week. Increases in hemoglobin and decreases in transfusion requirements were noted.

Hypertension: Hypertension, associated with a significant increase in hemoglobin, has been noted rarely in patients treated with PROCRIT®. Nevertheless, blood pressure (BP) in patients treated with PROCRIT® should be monitored carefully, particularly in patients with an underlying history of hypertension or cardiovascular disease.

Seizures: In double-blind, placebo-controlled trials, 3.2% (n = 2/63) of patients treated with PROCRIT® three times weekly (TIW) and 2.9% (n = 2/68) of placebo-treated patients had seizures. Seizures in 1.6% (n = 1/63) of patients treated with PROCRIT® TIW occurred in the context of a significant increase in BP and hematocrit from baseline values. However, patients treated with PROCRIT® also had underlying CNS pathology which may have been related to seizure activity.

In a placebo-controlled, double-blind trial utilizing weekly dosing with PROCRIT®, 1.2% (n = 2/168) of safety-evaluable patients treated with PROCRIT® and 1% (n = 1/165) of placebo-treated patients had seizures. Seizures in the patient treated with weekly PROCRIT® occurred in the context of a significant increase in hemoglobin from baseline values. However significant increases in blood pressure were not seen. These patients may have had other CNS pathology.

Thrombotic Events: In double-blind, placebo-controlled trials, 3.2% (n = 2/63) of patients treated with PROCRIT® TIW and 1.8% (n = 8/68) of placebo-treated patients had thrombotic events (eg, pulmonary embolism, cerebrovascular accident). (See WARNINGS, THROMBOTIC EVENTS AND INCREASED MORTALITY.)

In a placebo-controlled, double-blind trial utilizing weekly dosing with PROCRIT®, 6.0% (n = 10/168) of safety-evaluable patients treated with PROCRIT® and 3.6% (n = 6/165) (p = 0.444) of placebo-treated patients had clinically significant thrombotic events (deep vein thrombosis requiring anticoagulant therapy, embolic event including pulmonary embolism, myocardial infarction, cerebral ischemia, left ventricular failure and thrombotic microangiopathy). A definitive relationship between the rate of hemoglobin increase and the occurrence of clinically significant thrombotic events could not be evaluated due to the limited schedule of hemoglobin measurements in this study.

Tumor Growth Factor Potential: PROCRIT® is a growth factor that primarily stimulates red cell production. Erythropoietin receptors are also found to be present on the surface of some malignant cell lines and tumor biopsy specimens. However, it is not known if these receptors are functional. A randomized, placebo-controlled trial was conducted in 224 chemotherapy-naive, non-anemic patients with small cell lung cancer receiving cisplatin-based combination chemotherapy to evaluate whether the concurrent use of PROCRIT® stimulated tumor growth as assessed by impact on overall response rate. Patients were randomized to receive PROCRIT® 150 Units/kg or placebo subcutaneously TIW during chemotherapy. The overall response rates, after 3 cycles of treatment, were 72% and 67% in the PROCRIT® and placebo arms, respectively. Complete response rates (17% vs 14%) and median overall survival (10.5 mos vs 10.4 mos) were similar in the PROCRIT® and placebo arms.

Two additional studies explored effect on survival and/or progression of administrations of other exogenous erythropoietins with higher hemoglobin targets.

In a randomized, placebo-controlled study using another Epoetin alfa product, conducted in 939 women with metastatic breast cancer, study drug dosing was titrated to attempt to maintain hemoglobin levels between 12 and 14 g/dL. After 4 months, death attributed to disease progression was higher (6% vs 3%) in women receiving Epoetin alfa. Overall mortality was significantly higher at 12 months in the Epoetin alfa arm (See WARNINGS, THROMBOTIC EVENTS AND INCREASED MORTALITY).

In a randomized, placebo-controlled study using Epoetin beta, conducted in 351 patients with head and neck cancer, study drug was administered with the aim of achieving a hemoglobin level of 14 g/dL in women and 15 g/dL in men. Locoregional progression-free survival was significantly shorter (median PFS: 4.06 days Epoetin beta vs 745 days placebo, p = 0.01) in patients receiving Epoetin beta.

There is insufficient information to establish whether use of Epoetin products, including PROCRIT®, have an adverse effect on time to tumor progression or progression-free survival.

These trials permitted or required dosing to achieve hemoglobin of greater than 12 g/dL. Until further information is available, the recommended target hemoglobin should not exceed 12 g/dL in men or women.

ADVERSE REACTIONS

Immunogenicity

As with all therapeutic proteins, there is the potential for immunogenicity. The observed incidence of antibody positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to PROCRIT® with the incidence of antibodies to other products may be misleading.

A few cases of PRCA associated with antibodies with neutralizing activity have been reported in patients receiving PROCRIT® (see WARNINGS, PURE RED CELL APLASIA). These cases were observed in patients treated by either SC or IV routes of administration and occurred predominantly in CRF patients.

Adverse Experiences Reported in Clinical Trials

Adverse experiences reported in clinical trials with PROCRIT® administered TIW in cancer patients were consistent with the underlying disease state. In double-blind, placebo-controlled studies of up to 3 months duration involving 131 cancer patients, adverse events with an incidence > 10% in either patients treated with PROCRIT® or placebo-treated patients were as indicated below:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRIT® (n = 63) first, Placebo-treated Patients (n = 68) second

Pyrexia 29%, 19%; Diarrhea 21%* 7%; Nausea 17%* 32%; Vomiting 17%, 15%; Edema 17%* 1%; Asthenia 13%, 15%; Fatigue 13%, 15%; Shortness of Breath 13% 9%; Paresthesia 11%, 6%; Upper Respiratory Infection 11%, 4%; Dizziness 5%, 12%; Trunk Pain 3%* 16%

*Statistically significant

Although some statistically significant differences between patients treated with PROCRIT® and placebo-treated patients were noted, the overall safety profile of PROCRIT® appeared to be consistent with the disease process of advanced cancer. During double-blind and subsequent open-label therapy in which patients (n = 72 for total exposure to PROCRIT®) were treated for up to 32 weeks with doses as high as 927 Units/kg, the adverse experience profile of PROCRIT® was consistent with the progression of advanced cancer.

Three hundred thirty-three (333) cancer patients enrolled in a placebo-controlled, double-blind trial utilizing Weekly dosing with PROCRIT® for up to 4 months were evaluable for adverse events. The incidence of adverse events was similar in both treatment and placebo arms.

OVERDOSAGE

The maximum amount of PROCRIT® that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 Units/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects from PROCRIT® itself. Therapy with PROCRIT® can result in polycythemia if the hemoglobin is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRIT® may be temporarily withheld until the hemoglobin returns to the suggested target range. PROCRIT® therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the hemoglobin.

DOSAGE AND ADMINISTRATION

Although no specific serum erythropoietin level can be stipulated above which patients would be unlikely to respond to PROCRIT® therapy, treatment of patients with grossly elevated serum erythropoietin levels (eg, > 200 mUnits/mL) is not recommended. The hemoglobin should be monitored on a weekly basis in patients receiving PROCRIT® therapy until hemoglobin becomes stable. The dose of PROCRIT® should be titrated to maintain the desired hemoglobin.

Two PROCRIT® dosing regimens may be used in adults, 150 Units/kg SC TIW or 40,000 Units SC Weekly. For pediatric patients, see PRECAUTIONS, PEDIATRIC USE.

TIW Dosing

Starting Dose:

Adults	150 Units/kg SC TIW
Pediatric Patients	See PRECAUTIONS, PEDIATRIC USE
Reduce Dose by 25% when:	1. Hgb approaches 12 g/dL or, 2. Hgb increases > 1 g/dL in any 2-week period
Withhold Dose if:	Hgb exceeds 13 g/dL, until the hemoglobin fall to 12 g/dL, and restart dose at 25% below the previous dose
Increase Dose to 300 Units/kg TIW if:	response is not satisfactory [no reduction in transfusion requirements or rise in hemoglobin] after 8 weeks
Suggested Target Hgb Range:	10 g/dL to 12 g/dL

During therapy, hematological parameters should be monitored regularly (see PRECAUTIONS, LABORATORY MONITORING in full Prescribing Information).

Weekly Dosing

- The starting dose in adults is 40,000 Units SC Weekly. If after 4 weeks of therapy, the hemoglobin has not increased by ≥ 1 g/dL in the absence of RBC transfusion, the PROCRIT® dose should be increased to 60,000 Units Weekly.
- If patients have not responded satisfactorily to a PROCRIT® dose of 60,000 Units Weekly after 4 weeks, it is unlikely that they will respond to higher doses of PROCRIT®.
- PROCRIT® should be withheld if the hemoglobin exceeds 13 g/dL and reinitiated with a 25% dose reduction when the hemoglobin is less than 12 g/dL.
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The Purpose Driven Christmas

It's easy to get swallowed up by the stress and commercial clutter of the holidays. Here the best-selling author of *The Purpose Driven Life* tells you how to keep the spiritual meaning of the season powerfully alive

BY RICK WARREN

On Halloween night this year, I made a quick stop at a grocery store, where I stumbled onto a stock crew busily pulling candy from the shelves. It was only 6 P.M., but they assumed the trick-or-treat crowd had already bought all the goodies they needed.

What created such an unforgettable snapshot in my mind was that as the store workers pulled the Halloween treats from the shelves, they immediately replaced them with Christmas candy. The corpse of Halloween had not even grown cold, but the artificial spirit of Christmas—crass commercialism—was already taking over the retail aisles of America.

Each year it seems as though the starting date for our panicked dash through the Christmas season gets pushed back ever earlier, prodding us to work harder, rush faster and spend more in an effort to make the approaching yuletide the best one yet.

Before you join the rush, it would be wise to consider this question: In the years to come, how much of your efforts will be appreciated, or even remembered, by family and friends? How many of last year's Christmas gifts and parties do you remember? Probably not many.

Intuitively we know that the key to having the "best Christmas ever" is not buying more or decorating more,

focusing on what matters most. The significance of Christmas is nd in pausing to celebrate God's for us and expressing that love me another.

After talking with hundreds of ple, I've concluded that most of would love to have a simpler, re meaningful and significant ristmas celebration. The problem hat *we don't know how.* We don't ow how to get off the treadmill of opping and wrapping and decorat- and cooking and partying and aning up and returning gifts. Ex- ctations are so high. It's no wonder at mothers in particular often se- tly dread the duties of December.

Is there an alternative to another ason of exhaustion? Yes! You can an a purpose driven Christmas, ıe that simplifies your schedule ound five key purposes: meaning- l fellowship, personal growth, help- ıl service, joyful worship and ıeerful sharing. By focusing on ıese five purposes throughout the hristmas season, you'll reduce your ress, increase your joy and experi- nce the holiday in a far more signifi- cant way. It will also better prepare you for the New Year.

MAKE IT A TIME FOR MEANINGFUL FELLOWSHIP

At Christmas, we usually spend more time with family, friends and coworkers than at any other time of the year. Parties, events and dinners abound. In fact, it's easy to overload your schedule. One night last December I was expected to attend three parties in a single evening.

Unfortunately, most of the conversations at these gatherings occur at a very superficial level. We speak about TV shows, sports, the weather or local events. A lot of gossip gets passed around, and we go home—none the better.

Real fellowship occurs when there is heart-to-heart sharing. For fellowship to happen we must open up and reveal ourselves to one another, talking about what we care about most. When real fellowship happens, families and friends grow closer to each other. But it doesn't happen automatically. It happens when we intentionally ask meaningful questions and then take the time to listen to one another.

This year, when you're planning your gathering of family or friends, I urge you to set aside a "fellowship" time when everyone can sit in a circle and take turns *really listening to one another.* Ask these questions: What were you most thankful for this past year? What have you learned from the past year? How would you like to grow next year?

If you take the time for authentic fellowship with your family and friends, I guarantee that everyone will remember it far longer than if you merely socialized with them.

MAKE IT A TIME FOR PERSONAL GROWTH

In movies, Christmas homecomings are usually portrayed as happy times when everyone gets along, loves one another and celebrates in perfect harmony. Reality, however, is often very different. Many people dread their annual family gathering because it reminds them of unresolved hurts, unsettled CONTINUED

conflicts, painful memories and uncomfortable relationships. Because all families are composed of imperfect people, we hurt one another—sometimes intentionally and sometimes not.

When we fail to forgive one another, families can go year after year celebrating Christmas with an underlying tension that prevents them from fully enjoying the season. In a purpose driven Christmas, you use the event as an opportunity for reconciliation, as God intended. At the first Christmas, the angels announced, *"Peace on earth, goodwill among men."* In other words, Christmas is a time for reconciliation, for forgiving and for restoring broken relationships. Jesus came to restore our broken relationships with God and with one another. That is why, for us, the purpose of Christmas is to make peace, which requires courage, patience, openness, initiative and maturity.

Whom do you need to forgive this Christmas? From whom do you need to ask forgiveness? Resentment always hurts you more than the person you resent because bitterness keeps you emotionally stuck in the past. You must let go of those hurts and remember this: The most valuable and significant gift you can give anyone this Christmas is your forgiveness, because it will allow you both to grow.

MAKE IT A TIME FOR HELPFUL SERVICE

Everyone knows the spirit of Christmas is *giving*. But the best gifts are often ones you can't wrap in paper. They are gifts of service—where we offer our time, our talents, our connections, our ideas or our energy to serve those in need around us.

Let me encourage you to look for opportunities to do simple acts of kindness during this season. The end of the year is a hectic time, and everyone can use a helping hand at some point. It might be running an errand, picking up a package, offering to baby-sit, loaning some decorations, making phone calls for your church or taking a meal to someone who is housebound.

The most significant gift you can give anyone this Christmas is forgiveness

If you're good at organizing, use your skills in a charity project like Operation Christmas Child, which collects and distributes shoe boxes filled with items for needy children around the world, or Angel Tree, which provides gifts for children who have a parent who is in prison.

MAKE IT A TIME FOR JOYFUL WORSHIP

The words we most associate with Christmas are worship terms: Rejoice! Celebrate! Joy! Praise! Give thanks! Peace on earth! Certainly you'll want to make time for worship this holiday season as you thank God for His Christmas gift to you: He sent a Savior. Most churches offer special services that help us focus on the real meaning of Christmas, and I urge you not to miss these heartwarming events.

But did you know that you could also worship God during your everyday activities? You can do this by performing those activities as if you were doing them for God and carrying on a continual conversation with Him while you do them. And with Christmas carols playing just about everywhere—in malls, doctors' offices and elevators—you can worship almost anyplace if you allow the words of those songs to sink into your mind: "Oh come let us adore Him, Christ the Lord."

MAKE IT A TIME FOR CHEERFUL SHARING

The first Christmas was announced by an angel this way: *"I bring you good news of great joy for everyone!"* So what's the good news? That God loves you! That He cares about what happens in your life. That you are certainly not an accident. That you were made for a purpose and that you were created to last forever. It is the good news that God wants you to know and love Him in return. Jesus showed us how our past can be forgiven, how we can have a purpose for living and how we can have a home in heaven. If you've never understood it before, there's not a better time than right now to check it out.

During the Christmas season, you'll find that people are more open to discussing spiritual issues than at any other time of the year. So share the message with your family and friends. It's the best news they'll ever hear!

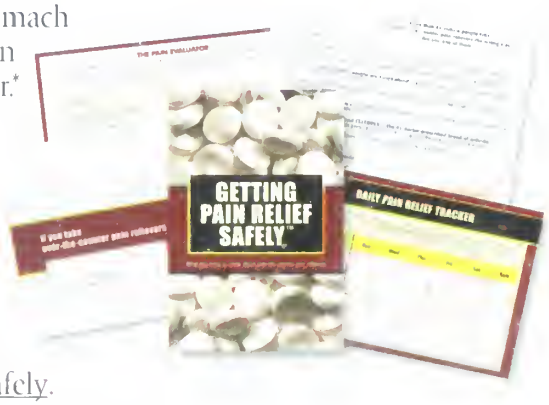
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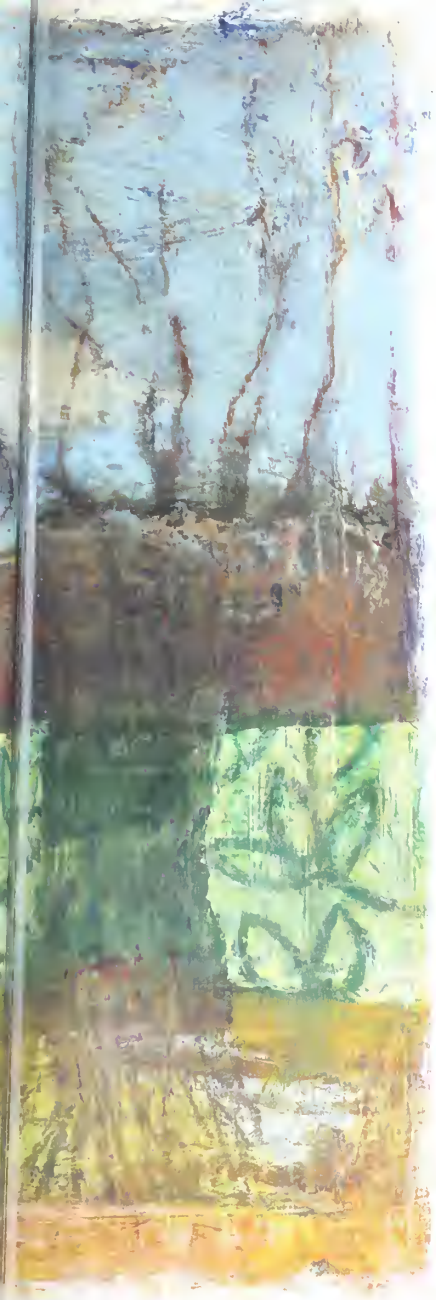
[1]Includes both OTC and prescription pain relievers.
*Singh, Gurkirpal and Rosen Ramey, Dena. NSAID Induced Gastrointestinal Complications: The ARAMIS Perspective - 1997. The Journal of Rheumatology, Vol. 25, Supplement 51. May 1998.

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When is a recovery a medical breakthrough, and when is it a medical miracle? More doctors and scientists are taking seriously the role of faith in health and healing BY KATHRYN CASEY

THE HEALING POWER OF PRAYER



For nearly a decade, all Laurie Link could do was dwell on how much she loved the life she used to have. She could no longer dance with her husband or go back-to-school shopping with her three daughters. Instead, she needed help walking down the aisle at her two elder daughters' weddings. Even making dinner sapped her of every ounce of strength. A rare brain disorder had resulted in muscular spasms that pulled her head back and severely arched her spine, causing debilitating pain. Nearly bedridden in her Milton, Wisconsin, home, she tried medications, acupuncture, Botox injections and a chiropractor—all without relief. Although up to 20 percent of patients with her disorder go into spontaneous remission, her doctor, Katie Kompoliti, M.D., associate professor of neurology at Rush University Medical Center, in Chicago, didn't consider that likely for Link, given how long she had been disabled.

Desperate, Link, 18, agreed to a radical new brain surgery in early 2003. She and her family were terrified, and they prayed for a good outcome. They had asked God to cure her before, but never with such intensity. As the date of the surgery approached, Link's muscles mysteriously began to relax, allowing her to straighten her head. Soon after that, she says, she was pain-free, and even able to do water sports with her kids. The surgery was put on hold for good.

Although no one can prove that prayer cured her, Link's family is convinced her recovery was a miracle granted through God. Religious leaders have long held that faith can be healing, citing teachings from the Bible and the Koran. "In recent decades, medicine has become increasingly high tech and separated from faith," says Rabbi Michael Paley, executive director of Jewish Resources at the UJA-Federation of New York, in New York City. "But clerics know that praying for the sick has enormous benefits, from giving patients the will to live to helping the dying cope."

Recent studies show that those who regularly attend church live longer than those who don't, and ongoing studies will investigate if spirituality combined with modern medicine can help cure what ails us. Mitch Krucoff, M.D., associate professor of medicine and cardiology at Duke University Medical Center, in Durham, North Carolina, finds this renewed interest in the link between spirituality and medicine ironic. "This is among the world's most ancient healing traditions," he says. "And yet it is one of the world's most juvenile scientific literatures."

"It's time to stop asking *if* religion is linked to better health," says Michael E. McCullough, Ph.D., associate professor of psychology and religious studies at the University of Miami. "It's time to accept that it is and ask how and why."

THE FAITH FACTOR

Nearly 95 percent of Americans say they believe in God or some universal spirit, according to Gallup polls. Nearly 60 percent say religion is "very important" to them, and 54 percent say they believe in psychic or spiritual healing, or the power of the human mind to heal the body. Not surprisingly, then, many of us practice what we preach. Of the one-third of Americans who pray for health concerns, 75 percent ask for overall good health, while 22 percent request relief from specific conditions, according to a 2004 study published in the *Archives of Internal Medicine*. Anne McCaffrey, M.D., the lead author, found that women prayed more often than men and those with greater than a high-school education prayed more than those with a high-school education or less.

Overwhelmingly, patients and physicians believe prayers are answered. In Dr. McCaffrey's study, 69 percent of those who prayed for their health said they felt it worked, while in a 1997 Yankelovich survey, 99 percent of family doctors said CONTINUED

spiritual practices enhance medical treatment. The definition of spirituality is broad, says Herbert Benson, M.D., an associate professor at Harvard Medical School and founding president of the Mind/Body Medical Institute, in Chestnut Hill, Massachusetts: "It doesn't need to be prayer. Meditation, yoga, breathing exercises—all give a sense of the presence of a power, a force, an energy, a god."

More scientists are hoping to gather proof about the healing powers of the human soul. The National Institutes of Health (NIH) is curious, with its National Center for Complementary and Alternative Medicines (NCCAM) recently devoting $6.2 million to studying the health benefits of spirituality. For Margaret Chesney, Ph.D., deputy director of NCCAM, the need is clear: "These therapies may help enhance physical and psychological well-being and assist in the prevention of disease."

Can Prayer Cure Cancer?

In 1999, Erika Matthews, 57, was diagnosed with ovarian cancer. After surgery and chemotherapy, her cancer came back and her oncologist predicted she had only months to live. Instead, Matthews, a teacher's aide and Sunday-school teacher in Lufkin, Texas, had more chemotherapy, prayed and went to church. More than four years after her diagnosis, she's still fighting the disease but alive. Did the prayers do the trick? "I've survived longer than the doctors thought I would," she says. "That's time with my husband, children and grandchildren. I'm thankful for every day God gives me."

PAGING DR. GOD

For more than a decade, Carol Ward, 41, suffered from chronic insomnia. At work, she felt sleepy and endured headaches and persistent indigestion. The Hudson, Massachusetts, IT manager gobbled ibuprofen, herbal remedies and antacids. Then, in September 2003, she began classes at Dr. Benson's Mind/Body Medical Institute. Before long she was meditating 15 to 30 minutes a day and felt so good she threw away all her medicine. "The meditation unblocked my spirituality by connecting me with something bigger than myself," she says. "It was a calming influence, and I really slept for the first time in years."

Many believe the pivotal health benefit of prayer-like states is that they help to shut down stress. Dr. Benson has spent decades dissecting the fight-or-flight response, the anxiety that causes the adrenal gland to release cortisol, the stress hormone. Because it increases blood pressure and heart rate, excessive cortisol can cause wear and tear on the cardiovascular system and depress the immune system. Stress and its effects are the main reason patients go to doctors, Dr. Benson says. It's only logical, then, he adds, that relieving stress can prevent and even cure many forms of illness.

He has used meditation, prayer, yoga and tai chi (the slow-paced Chinese martial art) successfully to treat stress-related complaints, such as PMS, high blood pressure, migraines and backaches. "When stress is alleviated, the body reverts to its own healing priorities," says Dr. Benson. "Many of us would not be alive without drugs and surgery, but they're not the only forms of medicine."

Studies on cardiac patients have yielded positive results. In 1998, Harold G. Koenig, M.D., professor of psychiatry and behavioral sciences at Duke University Medical Center, released a study of 4,000 older adults that concluded that those who prayed daily and attended religious services weekly had 40 percent less hypertension than those who didn't. Since the cardiovascular system is very stress sensitive, this finding makes sense to Dr. Koenig. "Religion promotes a positive worldview," he says, "one in which every person is significant and cared for by a loving God."

The reverse also seems to be true. Sick patients over the age of 55 who said they felt alienated from God were 19 to 33 percent likelier to have died during a two-year study done by Kenneth Pargament, Ph.D., a professor of psychology at Ohio's Bowling Green State University. "We have shown that people who have a spiritual struggle have a risk of poorer health and mortality," says Dr. Pargament of his 2002 study, published in *Archives of Internal Medicine*. "*Why* is the $64,000 question. It could be that spiritual struggles produce social alienation, create stress or damage the immune system. These are questions for further research."

One intriguing inquiry is under way at the University of Pennsylvania School of Medicine, in Philadelphia, where Andrew Newberg, M.D., an assistant professor of radiology and psychiatry, conducts brain-scan studies on practitioners of Buddhist meditation. Using sophisticated imaging, he maps their brains during meditation. His conclusion so far: Parts of the brain associated with CONTINUED



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concentration become more active during meditation, while those that interact with outside stimuli become quiet. Similarly, John Astin, Ph.D., of the California Pacific Medical Center, in San Francisco, published a paper in the *Annals of Internal Medicine* reviewing studies on prayer, therapeutic touch and spiritual healing. He concluded that 57 percent of the studies showed a positive treatment effect. "We know the mind can influence the body," says Dr. Astin. "We're really asking a very basic scientific question: Does prayer help?" These studies suggest it might.

Stress is one thing, but research on prayer's effect on cancer, for example, is more controversial. Still, Edward Creagan, M.D., an oncologist and a professor at the Mayo Clinic College of Medicine, in Rochester, Minnesota, says he has seen amazing regressions in cancer patients who pray. "I have the CAT scans and the biology and pathology reports, and there's no medical or statistical reason that a group of patients is alive," he contends. By interviewing the patients, he believes he's uncovered a consistent theme: "Each of those patients reached out to a higher power."

At the University of Texas M.D. Anderson Cancer Center, in Houston, Lois Ramondetta, M.D., assistant professor of gynecological oncology, has also seen women who inexplicably live longer. "That is remarkable, as is the power spirituality has to help patients cope," she says. "Do I believe prayer can make cancer disappear? No. Can it make the end of life better? Yes."

Since it has been well documented that relieving stress can bolster the immune system, others ask if prayer could be marshaled to fight illness. So far, there are few concrete answers. At Fordham University, in New York City, Colleen McClain-Jacobson, a researcher, is conducting an NIH-funded pilot study to compare levels of Interleukin-6, an important factor in immune functioning, between critically ill cancer patients who are religious or spiritual and those who are not. The results will be tabulated early next year. "It's a logical inquiry to test if spirituality helps bolster the immune system," says McClain-Jacobson, "and if that's enough to make a difference."

Did Prayers Save Her Baby?

On Christmas Eve 2001, Jenny McGrady's infant son, Michael, vomited violently. In the days that followed, doctors determined the newborn's intestines were twisted, cutting off the flow of blood to his organs. A surgeon operated, but there were complications and, for months, Michael was deathly ill. All the while, 37-year-old Jenny prayed and, via e-mail, asked others to do the same. At times, up to 15,000 people in their hometown of Greenville, South Carolina, prayed for him. Finally, the following Easter, the color returned to Michael's cheeks. Today he's a robust 3-year-old. Did the doctors or the prayers cure him? "We had good doctors, but the prayers absolutely helped," she says. "Maybe God realized we needed Michael here with us."

WHEN GROUPS PRAY

Science is also on a search to see if having other people pray for patients can improve their outcomes. William Harris, Ph.D., a researcher at Mid America Heart Institute, in Kansas City, Missouri, studied 990 randomly assigned cardiac patients over a one-year period. Unknown to the participants, off-site prayer groups given only their first names prayed for half of them. At the end of the study, the group that was prayed for had 11 percent improved outcomes, including fewer complications. Dr. Harris calls the results statistically significant: "A lot of people pray for others in the hospital. Does it do any good? Based on our study, it does."

Even better results were noted in a 2001 infertility study, in which U.S., Canadian and Australian groups prayed for women in Seoul, Korea, who were using in-vitro fertilization. The prayed-for group had a 50 percent higher pregnancy rate. "It's studies like these that got our attention," says Dr. Astin.

Across the nation, such studies are proliferating. At California Pacific Medical Center, Dr. Astin is studying the effects of professional healers—everyone from psychic and energy healers to prayer groups and Native American shamans, who channel their efforts toward AIDS patients. In a nearby lab, Dr. Astin's colleague, Andrew Freinkel, M.D., a neurologist and psychiatrist, pairs religious healers with photographs of patients suffering from glioblastoma, a swift and lethal form of brain cancer. Explaining his interest, Dr. Freinkel says, "I'm interested in brain tumors, and any means by which they can be effectively treated is worth investigating."

Indeed, medical schools are now putting it on their curricula. Across America, about 65 percent of medical schools now offer classes in spirituality. "We're educating students about looking at CONTINUED

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the traditions and communities of faith and what support roles they can play during an illness," says Stuart Varon, M.D., assistant professor of psychiatry at Johns Hopkins School of Medicine, in Baltimore. And many physicians are taking spiritual–along with medical–histories. "It brings the relationship with the patient to a different level by finding out what brings meaning to their lives," says Dr. Ramondetta. "It improves the trust you have with them."

DRAWING A LINE

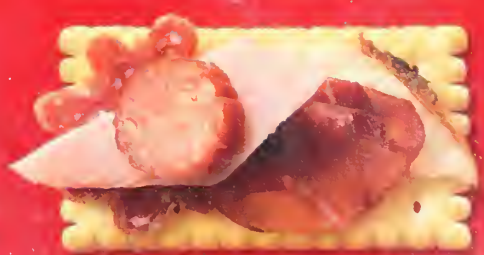
Of course, no amount of prayer or spirituality can deliver immortality. That's why some doctors worry about overselling the benefits of faith–it's that much more painful when patients don't get better. Richard Sloan, Ph.D., professor of behavioral medicine at the College of Physicians and Surgeons at Columbia University, in New York City, notes that nearly all patients pray and have family or friends praying for them. So why are some cured and others not? Years ago he sat with a young woman with cervical cancer while in the next bed another young woman received the good news that she was cancer free. That girl's father said: "We're good people. We deserve this." But imagine how the first girl felt, says Dr. Sloan, "as if she were a bad person."

While not disputing the comfort spirituality can give, Dr. Sloan argues it should be kept in the hospital chapel, not brought into pre-op and exam rooms. "When physicians muck around in the religious lives of their patients, they can cause all kinds of problems," he says.

At Johns Hopkins Hospital, Stephen Mann, director of pastoral care, agrees that such matters have to be handled carefully. "People of faith die just as people who don't have faith," he says. "We don't know why one person lives while another one dies. In the end, the difference may be that patients with faith have hope to hold on to."

Despite all the research, it's probable that many questions about the connection between spirituality and healing will be forever unanswered. "You can't prove that God exists, so how can you prove that prayer works?" asks Harvard's Dr. McCaffrey. "People who have faith don't question the truth of either."

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GREAT HOLD FOR YOUR HAIR



Yep, it's true. Hair spray, the old beauty queen standard, has become one of the most versatile, indispensable styling tools around. "Hair spray is more sophisticated than it used to be," says Paul Smith, vice president of education at Matrix, a maker of hair-care products. "It's no longer sticky and it now comes in a range of intensities for any kind of hairdo." Here, our favorites:

1 Matrix Biolage Finishing Spritz, $10.95. With hemp for conditioning and sunscreen to shield against UV damage, this mist is best for weak or fine hair that needs a light hold. **2** John Frieda Frizz Ease Moisture Barrier Hair Spray, $4.99. A powerhouse aerosol, this heavy-duty spray dries instantly, keeping your style in place and sealing out frizz-producing moisture. **3** Bumble and Bumble Does It All Styling Spray, $19. This is the ultimate heat-styling spray. Comb it on dry hair to increase volume and extend the power of your hair (then flat iron or curl). **4** TRESemmé European Look Spray Super Hold, $7.99. Contains waxes for a more natural, loose-but-tucked look that beautifully maintains hold for hours.

LHJ.com **Try on hairstyles online: www.lhj.com/hairstyles**

BEAUTY SAMPLER

SIX WAYS TO SMOOCH

Why settle for one new lip shade this season when you can have six? Cover Girl Holiday Lip Kit in Starkissed, $5, offers sheer and opaque shades, plus a mini brush and mirror. It fits into the teensiest purse and is perfect for quick touch-ups after lingering kisses.



PATRICIA'S PICK

Have Beauty, Will Travel



Beauty Director Patricia Reynoso



After comparing the gap we each have in our front teeth—and agreeing that it brings good luck—famed model Lauren Hutton was ready to make me over with her latest makeup palette, Passport to Africa ($60), inspired by her love for the continent. All beauty needs are satisfied here, thanks to the products (blush, concealer, even mascara, plus other must haves), trays that slide out for extra portability and a magnifying mirror that lets you *really* see what you're doing. Tucked into the pockets are Hutton's photos of Africa, with application tips on the other side. See the results of her handiwork here, in this photo taken by Hutton herself. Available via *www.laurenhutton.com*.

Help for Winter Skin

From your feet to your face, learn the best ways to protect and beautify your skin

The weather outside may be frightful—and the overheated air inside not so delightful—but that's no excuse for dry, flaky skin. The cure, of course, is to use a moisturizer; skipping it can cause the outer layer of your skin to crack. "It's essential to hydrate your skin more during the winter," says Dr. Jeanine Downie, a Montclair, New Jersey–based dermatologist and coauthor of *Beautiful Skin of Color*. "Do it at least once a day—twice a day if your skin is extra dry." And it's not just arms and legs that need special care during cold months; we've identified the four most important areas needing a little extra attention when the temperature plunges.

Face

Finding the perfect winter facial moisturizer can be tricky. Too light leaves your skin parched, too heavy can cause breakouts. If your skin is extra dry, it helps to use a moisturizing cleanser followed by an emollient or oil-based moisturizer. Those with oilier complexions should look for oil-free formulas, which are still designed to hydrate the skin without clogging pores.



Our Picks: Purpose Bar Soap, right, $3.49. Especially good for very sensitive or dry skin, this classic product is loved by dermatologists for its non-drying and nonirritating properties.

Comfort Zone Hydramemory Fluid 24h, $54, left. Thanks to hyaluronic acid, this product promises to keep your skin quenched for 24 hours. Plus, it's ideal for all complexions.



Lips

Licking your lips isn't an effective moisturizing technique! Because they retain less moisture than other parts of your body, lips dry out more easily, making them particularly sensitive to the elements. Be faithful about using lip balm and make sure that in addition to moisturizing ingredients, it also contains antioxidants, such as vitamin E or green tea extract, to protect even more against the wind and cold.



Our Picks: Eau Thermale Avène Lip balm with cold cream, left, $9. This stick contains paraffin, beeswax and vitamin E to seal in moisture and nourish even the most chapped lips.

Jäsön Lips Bee Better, right, $2.75. Packaged in a cute tin, this creamy balm is full of green tea extract plus shea butter and macadamia nut oil for mega-softness.



Body

The drier your skin, the thicker the moisturizer you need. A lotion containing glycerin or mineral oil is enough for most people; look for a cream packed with humectants (such as lactic acid) if you're extra dehydrated. Apply to damp skin following a bath or shower and rub in 90 percent of the way, letting the rest sink in to seal moisture most efficiently.



Our Picks: Nivea Soft Refreshingly Soft Moisturizing Crème, right, $5.99. A quick-drying, superhydrating crème (available only overseas until now), it leaves skin soft and smooth all day long.

Aveeno Daily Moisturizing Foaming Bath, left, $5.99. With oatmeal to relieve severe dryness, this can be used as both a bath and shower gel.



Hands

Owing to repeated washing, hands are especially vulnerable to abuse at this time of the year. Keep a tube of hand cream on your desk or in your purse and use liberally. And since twice-weekly pedicures aren't an option (unless you're a celebrity!), make sure to apply an exfoliating glycolic acid–based foot cream every few days, either after showering or before going to bed.



Our Picks: Philosophy Soul Owner Exfoliating Foot Cream, right, $14. This lush cream is full of sloughing glycolic and salicylic acids, plus refreshing eucalyptus and moisturizing lavender oils.

Dermalogica Multivitamin Hand and Nail Treatment with SPF 15, left, $6.50. This nongreasy formula contains sunscreen and vitamin E, to protect against sun damage, and provitamin B_5 to help prevent nails from peeling.



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Mackenzie flies in the Flare Jean. Her Dad wears the Regular Fit Jean and Trucker Jacket.



FASHION

This season is all about pure and polished winter white, either mixed with brilliant color or on its own for monochromatic elegance. LEFT: Keep warm and looking "wow" in a luxurious cable-knit angora sweater, faux-shearling vest, slim moleskin pants and furry boots. Vest, L.L.Bean, $69. Sweater, $88, pants, $88, both Banana Republic. Boots, Tecnica, $299. MIDDLE: Snow bunny goes chic and sophisticated in this faux-suede shearling coat, sexy jeans and Sherpa boots—and don't forget the cozy mittens. Jacket, $59.50, mittens, $7.90, both H&M. Turtleneck, Old Navy, $24.50. Jeans, Polo Jeans Company, $59. Boots, On Your Feet, $110. RIGHT: You won't care if it snows when you're snug in the new, cropped, puffer jacket—its fur-trimmed hood will keep you toasty even on the chilliest days. The perfect counterpart underneath? A ribbed turtleneck, corduroy jeans and waterproof boots. Jacket, $119, pants, $59, both Polo Jeans Company. Turtleneck, H&M, $29.90. Boots, Merrell, $100. Gloves, Echo, $28. On boy: A bright-red, Nordic-print sweater and khakis are perfect for a family party or a snow day. Sweater, Claver at Space Kiddets, $56. Pants, Ralph Lauren Childrenswear, $35. Hat, H&M, $9.90.

BEAUTY

Just because your skin is covered up doesn't mean you shouldn't keep it in tip-top condition. Our favorite secret indulgence? A luxuriously thick body cream with just a hint of delicious scent (such as Molton Brown Celestial Maracuja Body Soufflé, $55). It'll keep your skin quenched and smelling sweet all day long and well into the night—perfect for when you slip out of your parka and into your party dress!

'TIS THE SEASON



PHOTOGRAPHS BY AUGUSTUS BUTERA
PRODUCED BY CARLA ENGLER
TEXT BY PATRICIA REYNOSO AND EVE ROSENZWEIG



BEAUTY

Fresh, radiant—doesn't that sound like perfect holiday skin? The right foundation is still the best way to get it. Look for formulas with a hint of shimmer, such as Stila Illuminating Foundation, $35, and Chanel Cream Powder Makeup, $42, since they provide both coverage and a dewy-looking sheen, thanks to light-diffusing particles. Follow with loose powder and berry-hued blush for the perfect brightness. Swap dark lip color for a metallic gloss in a neutral shade, such as the rose shown here. You'll get all of the color and pizzazz, minus any dark edges.



FASHION

THIS PAGE. The new fringed, suede poncho does double duty by offering warmth and great style. Pair it with a chunky, deep turquoise, high-necked cardigan and matching soft corduroys. Poncho, $299, sweater, $89, both Polo Jeans Company. Corduroy pants, Tommy Jeans, $69. Boots, Tecnica. Gloves, Portolano, $85. OPPOSITE PAGE: Add a splash of vibrant color under a bright-white, fur-trimmed puffy jacket with this red fleece jacket. Jacket, Polo Jeans Company, $119. Fleece jacket, Old Navy, $34.50. Turtleneck, Sisley, $49.

The Samoyed is extremely gentle, loyal and intelligent and is known for its characteristic smile. The breed originated in Siberia as a sled dog.





BEAUTY

Lush and glamorous, your ultimate holiday hairdo has arrived. It's sure to be a head turner, as you can see on this page. Start by spraying gel, such as Clairol Herbal Essences Extra Hold Spray Gel, $3.30, through damp hair, blow-dry until smooth and set with jumbo Velcro rollers. Unravel each roller after 30 minutes, fluff your hair with your fingers and touch up random pieces (but not the ends) with a curling iron. Finish off the look with a hair fragrance, such as Clean Shampoo Fresh Hair Fragrance, $39—perfect for the flurry of hugs that are sure to come.



FASHION
A little skin to show, but many of your options in a shoulder-skimming length, as you'll see next week. And in wool or a medium-weight knit, accent the look with a dramatic lamb scarf. Sweater, **$78, scarf, $198, both Banana Republic.**

BEAUTY
Shine as the star that you are at any gathering you attend with a flash of gold eye shadow—plus a sprinkling of gold shimmer on your shoulders. Why gold? Unlike silver, it's a better fit for more skin tones because of its warm undertone; it also flatters loads of makeup shades, such as the raspberry gloss worn by the model here. For a subtle glow, try Revlon Eye Shadow Duo in Get Golden, $4.79, or Lola Shimmer Powder Ball, $35.

Symbolic of love, peace, fidelity, prosperity and good luck, the white dove is the perfect poster bird for the holidays



BEAUTY

The season's must-have colors? Silvery blue and mistletoe green! Try Clinique Touch Base for Eyes in Icy Blue, $13.50, or MAC shadow in Peridot, $13, and top with mascara (such as Black Radiance Body Building Mascara, $3).

For instant glamour, slick on red lipstick. The newest versions, like Hourglass Adorn Lipstick in Icon, $24, provide shine, plus cling to lips long after the last glass of eggnog.





The handsome and dapper Black-footed Penguin typically stands about 12 to 14 inches tall and lives on islands off the shores of South America and South Africa.



FASHION

Turn up the weekend heat in an electric-pink faux-fur jacket, a fun option instead of a basic wool coat that is sure to add spice to any outfit. We paired it with a pink, raga-cable turtleneck sweater and white jeans. Jacket, Kenneth Cole New York, $259. Sweater, Express Design Studio, $58. Jeans, Polo Jeans Company, $59. Hat, Adrienne Landau.

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Catching Up With Kathie Lee

Kathie Lee Gifford opens up about Cody, Cassidy and Frank, the love that keeps her strong and her fervent Christmas wish

Huddled under a black umbrella, Kathie Lee Gifford comes rushing out to the driveway and greets me as I open my car door. "Would you believe this is the biggest umbrella I could find?" she says, wrapping her arm around me as we dash through the rain to the front door of her 1760 farmhouse, a gorgeous waterfront home in New England overlooking sailboats idled by the stormy sky. "I ordered Chinese food," she says. "I thought we could use some comfort food on a day like this. And how about a fire? Would you like me to make a fire?"

Sensing a stranger, her dog, Regis, a beautiful white mutt, lets out a few barks. "Oh, Rege, that is not nice!" Gifford says, sounding every bit like the woman who for 15 years traded barbs with cohost Regis Philbin on *Live With Regis and Kathie Lee*. (She named her dog for him as a sort of consolation after he joked repeatedly on the show that he wanted her to name her children after him.)

At 51 Gifford looks relaxed and happy, dressed casually in clingy black sweats and strappy sandals, her blond hair gathered loosely in a topknot. She guides me through the sprawling house, which includes a state-of-the-art sound studio downstairs as well as a screening room lined with couches and blankets. But the main floor is all florals and mahogany, fluffy pillows, family photos and huge windows overlooking gardens. It is the home of a person who appreciates beauty as much as coziness.

We settle in the sunroom for our chat. Gifford puts a match to the waiting kindling in the fireplace, and soon the familiar smell of a wood fire fills the room.

Q: It's been almost five years since you left *Live With Regis and Kathie Lee*. You've since released a CD, *Gentle Grace*, and a devotional book with the same title, yet there are people who ask you how you're enjoying your "retirement." Do you think that's a fair question?

Kathie Lee Gifford: I've never worked so hard in my life *[laughs]*! I've written the lyrics and collaborated on the music for two musicals over the last five years. The first one, *Under the Bridge*, opens in January off- CONTINUED

By Jeanne Marie Laskas



"When your children need less attention, it can be a spectacular time," says Gifford, curled up at home

PHOTOGRAPH BY DANA FINEMAN

Broadway. Now, that's hard work. Sitting on a stool next to Rege talking about what I did last night was great fun, and I had a wonderful, wonderful run and a great friendship, but that was taking candy from a baby compared with this. What I'm trying to do is write brand-new, old-fashioned musicals. To bring the same kind of joy to audiences that I got when my parents took me to *Camelot* and *My Fair Lady* and *The Sound of Music*. So I'm learning a brand-new world at a point in life where the world we live in is telling women it's basically over.

You know, if I were to write a new book, I would call it *Just When You Thought You'd Run Out of Eggs*. The world is telling you that you can't give birth anymore, and your thighs are gone, and let's face it, you're the old gray mare. I think this is a problem for so many women.

But I feel I'm the most creative and productive and the most fertile that I've ever been in my life—of course I'm menopausal out the wazoo. I'd love to have my old thighs back, but I'd take my new brain any day.

Q: Where does your motivation come from?

KLG: That's the wonderful thing about a spiritual walk with a living God. The world may tell you that you're finished, but you're never finished when you're a child of God. There's always something new He has for you either to learn or to do. For me, I start every morning with prayer, and in the word of God, which tells me I'm precious, that I'm wondrously and amazingly made, that God has a perfect plan for my life. And, you know, that's available for absolutely everybody at any point in their lives.

Q: You were "born again" at age 12, right after your mom was "born again" while watching Billy Graham on TV. You worked as Anita Bryant's nanny and attended Oral Roberts University. Those are some pretty hefty religious credentials.

KLG: Oh, when people call me "religious" I want to scream. "Religious" to me is blowing people up in the Middle East. "Religious" is what Timothy McVeigh did in Oklahoma City. It's fanaticism. I can't stand "religion," but I deeply value spirituality. There's a huge difference. To me, religion is our attempt to reach God somehow—and that gets all distorted. Spirituality is our reaching out to the already outstretched hand of God. We just have to respond to that hand.

> "I'D LOVE TO HAVE MY OLD THIGHS BACK, BUT I WOULD TAKE MY NEW BRAIN ANY DAY"

The best analogy for me is a hair dryer. Imagine you're walking around your house saying, "Gee, I'm having a bad hair day, my hair's soaking wet." And all the while you've got a hair dryer in your hand, but you're not plugging it in. That's what I think a God source is. He's there. He's completely accessible, completely plug-in-able, but people choose for whatever reasons not to plug into a power source bigger than themselves. And I'll never understand that. Because life is hard for everybody. I don't care if you're rich or poor or skinny or fat, life is hard across the board. And we were designed to have fellowship with our Creator, and when we don't, we wonder why things don't seem right in our lives. We don't seem whole. It's because we're not.

You know, Cody said an interesting thing to me about six months ago. He said, "Mom, I pray all the time. Is that weird?" I said, "Cody, do you have any idea what the world would be like today if other people from their earliest age understood what it was like to pray without ceasing?" Because it doesn't mean being on your knees and putting on a big act of praying. It means making your life a prayer. Make your life a living walk, a living dialogue, and instead of having the trappings of religion, have a real dynamic. It's not a religion, it's a relationship.

Q: How are Cody and Cassidy?

KLG: Just wonderful. Cody is 15, and now that he's in high school I feel as though I hardly ever get to see him! He leaves here so early in the morning and he's got football practice after school, and by the time he comes home for dinner he's falling in his food he's so tired.

Cassidy is 11 and she's taking clarinet, soccer and ballet, and she's started to show a real interest, for the first time, in acting and modeling. She will appear in an episode of *That's So Raven* this season, and she's really a natural. This is completely her idea.

Q: With your kids off at school and involved in so many activities, do you feel left out? Any signs of the empty-nest syndrome?

KLG: I've never in my life had a whole day ahead of me with nothing to do. Ever! So it's an exciting time. I could see how it could be a depressing time if I didn't have a walk with God that had a purpose to it for me. They call it empty-nest CONTINUED

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Gifford cuddles in with daughter Cassidy, 11, at home

syndrome. But I don't think it's an empty nest. I think it's an empty heart, empty purpose. You know, that time when your children need less of your attention can be a spectacular time. You can pick up a hobby you always wanted to do, go back to school—be your most productive.

Q: How is Frank doing?

KLG: He's great. You know, just this morning I got a call from this guy who is Frank's best friend from third grade, saying he was in town and hoping to stay with us for a few days. I was thinking about how that really says it all about Frank. How many 74-year-old men have a best friend from third grade dropping by?

Q: Your marital troubles back in 1997 were so public, with the tabloids screaming infidelity. It would seem to be about as low a point in a marriage as a couple could reach. And yet this marriage was saved. Did God play a part in that?

"I DO NOTICE A FEAR IN PEOPLE WHO HAVE NOT BEEN SEEKERS OF ANY KIND"

KLG: The whole part! I don't know how anybody stays together in the world we live in today, with all the things we have to face, without putting God first in your life, even before your mate. Because again, you've got the power source. We can only love and forgive and put up with so much with our own human resources. But when you plug in, the sources of Heaven become available to you. You discover a forgiveness you never dreamed possible because you understand how much God has forgiven you. You discover a generosity because again God has been so generous with you. And you can never out-give God. So when you use that as your model as opposed to, you know, what *Sex and the City* has to say about a relationship—suddenly your relationship has a chance.

Q: Who do you look to?

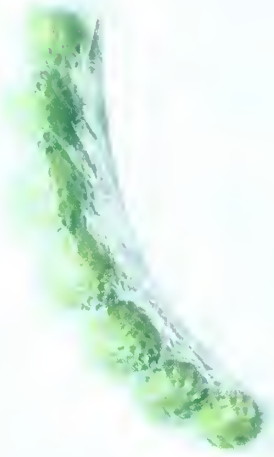
KLG: Ruth and Billy Graham. They just celebrated their 61st wedding anniversary. While I'm thrilled for Jennifer Aniston and Brad Pitt that they seem to be very much in love, if I'm looking for marital advice I'm not going to them for it. I'm going to people who have just celebrated their 61st wedding anniversary and are still deeply in love.

Q: Was the tough time with Frank the toughest of your life?

KLG: No. I lost my daddy a couple of years ago. That by far was the hardest thing I've ever been through. By far. He is such a huge part of me. And not having him physically anymore . . . I miss the smell of him. And I miss holding his hand. And I miss his wisdom. He was a take-care man who always put his family first, before everything.

You know, I've had wonderful role models for my life. My mom's a wonderful, godly woman. So I have no excuse. No excuse to screw up too badly. Cody and I were talking about that the other day. We were in Europe, on a friend's yacht, in this beautiful place. Cody has been around the world so many times since he was little and he's been blessed and privileged CONTINUED

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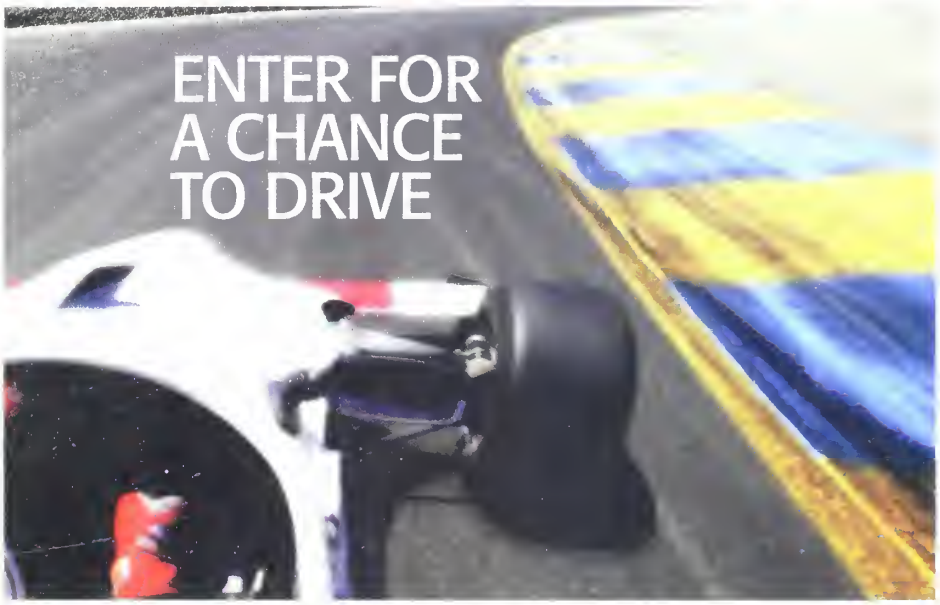







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and hasn't earned one bit of it, no more than another child has earned suffering. And I said, "You know, Cody, if you ever really rebel, you have no excuse." And he goes, "I know, I really don't, Mom."

Q: Your children have a reputation for being some of the nicest kids to be around, always polite and kind.

KLG: My kids have known from day one that they were so richly blessed in life, and so privileged—and that they are responsible to be a blessing to others who aren't. There's a Scripture that says to whom much is given, much is required. And they understood that since day one.

You know, we've raised them to understand not just how much we love them, but that while they're the center of our universe, they're not the center of *the* universe. They know that God loves them even more than we do—and requires of them even more than we require of them.

Q: So talking about God is a constant part of your parenting?

KLG: Oh, of course! Cody was 3½ and Cass was 4 when they asked God into their hearts. So they have never had a time in their lives when they didn't totally get it that God is their best friend. Their father and mother will be gone some day, but God will never leave them.

We were just talking about it on Sunday because, as usual, they didn't want to go to church. Now, Sunday, we go to church and then we go to lunch, just the four of us. Well, Cody really didn't want to go; he said he had a lot of homework. So I said, "You know what, it's prioritizing. You have time for football practice, you have time for video games." And he said, "But Mom, I've heard it all. I already know it all, I don't get anything out of it."

I told him that maybe it's his attitude. The times I've gone to church and didn't get anything out of it were because I went in with a bad attitude. There's always something to learn if you have an open heart and an open mind. So, anyway, we went.

Q: It seems with hit TV shows like *Joan of Arcadia* and movies like Mel Gibson's *The Passion of the Christ* receiving such acclaim that God is enjoying something of a boost in ratings these days. Do you think so?

> "WE KEEP THE KIDS' PRESENTS TO THREE. IT KEEPS THE HOLIDAYS SANE"

KLG: First of all, I think that what has been miscalculated on every level of our world today is how many people there are out there who *do* believe in God, who *do* worship God, who *do* tithe to their church, who *do* believe with all their hearts in a greater being and a purpose for their lives.

But I do notice a fear in people who have not been spiritual or seekers of any kind. There's a fear that we may lose this incredible world we live in. We've taken so many of our freedoms for granted for so long that we never dreamed that they would be in question or that they might not be there for our children.

I hate war. What bothers me on a spiritual level is when people say about 9/11, "How could a loving God have allowed this to happen?" A loving God has nothing to do with this. A loving God created every single one of us with a freedom of will. Personal choice. Choose life or death. Choose light or choose darkness. We had a beautiful view of the World Trade Center from our house. My assistant's husband was killed in the first tower, and she was eight months pregnant. People say, "How could a loving God have allowed such a thing?" God didn't tear those towers down, 19 sick and evil people tore those towers down.

There's a sense of helplessness against an enemy we can't see, an enemy that is completely amoral. But it's tough to start looking for God when you're in the foxhole, you know? Or you've just gotten a cancer diagnosis, or you've just been told your parents have Alzheimer's. I mean, that's a tough time to start looking for God. Any time's a good time to find God. But if you've already had a relationship with Him, you're just already holding His hand, you just squeeze it tighter. And that's what I do, I just squeeze it tighter. It's already a very familiar hand to me.

Q: Did you watch *The Passion of the Christ*?

KLG: Three times. Frank and I invested in Mel's film. We had two screenings of it here at the house and raised I don't know how much money. The amazing thing about watching it the first time, you're just not prepared for the kind of graphic violence, of course, but my daughter wanted to see it; she was only 10 at the time. Cody didn't want to see it; he was 14. So Cody walked out just as they started scourging Jesus and didn't actually see the movie until two nights ago, when he was ready for it. My daughter sat through it twice that same day. The first time we saw it I was crying, not because of the evil done to Jesus but because of the love He showed CONTINUED



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I certify that the statements made by me above are correct and complete. *Jeannine Shao Collins, Publisher*

each time evil was shown to Him, and I couldn't bear watching the scenes of Mary. I couldn't imagine that sort of agony to watch her son brutalized in this way. So I was gulping sobs and my little 10-year-old leans over and takes my hand and goes, "Mommy, don't cry, it has a happy ending, remember?" This is a child who understands.

Q: Tell me about Christmas in your house. Any special rituals?

KLG: First of all, it's the one time I cook. Actually, Thanksgiving and Christmas, those are my meals. The best ritual, whether we're spending Christmas in Colorado or here or Florida, the one thing we have always done is keep the kids' presents to three. Three presents just like the baby Jesus got from the wise men. It's kept the holiday sane. The materialism is outrageous.

Q: What do you want for Christmas this year?

KLG: Oh, I feel like Miss America: I want peace on earth. *Ha!* I used to laugh when they said that, but, you know, I get it now.

Jesus also said, I have come that you may have life, and life abundantly. You know, I really think a godly life is a life of balance. The best days of my life are when I've had a good workout, I've had very good devotional time, and I've had fun. I've been silly. I've helped somebody. I've made a difference in somebody's life.

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Loving Lahti

Fans of Christine Lahti adore her for playing strong, smart, complicated women. Her star turn on *Jack & Bobby* may be her most beloved yet

BY JEANNE WOLF

She blushes when you remind her that the whole world knew that she was in the ladies' room as her 1998 Golden Globe–for *Chicago Hope*–was being presented. But Christine Lahti learned her lesson, she insists with a smile: "I don't drink water on award nights!"

Fans of Dr. Kate Austin from *Chicago Hope* still miss seeing the forceful surgeon who thought outside the box. In her new role in *Jack & Bobby* she's still smart (a college professor) and bold. But eccentric and far-out barely describe Grace McCallister, the outrageous mother of Jack and Bobby. The show focuses on the boys' adolescence, with a twist: It's revealed that Bobby grows up to be the 51st president of the United States, in 2040.

Lahti knows a dramatic series is a huge time commitment–especially for a mom of three (Wilson, 16, and twins Joseph and Emma, 11)–but couldn't pass up the chance to work with the director, her husband Tommy Schlamme, or play such a fascinating character.

Q: Are you playing the flip side of a perfect mom in *Jack & Bobby*?

Christine Lahti: That's what I love about Grace. She's so flawed. She really loves her kids but she doesn't quite *get it*.

Q: As a mother of three, do you feel a connection with her struggle?

CL: I've made mistakes, though maybe not Grace's mistakes. We all try to be the perfect parent, but we're just learning on our feet. That's the whole point of this show–people fall and they fail and they come back. It's about hope and resiliency. You see this little boy who came from this dysfunctional background who became the greatest president.

Q: How would your own kids describe you as a mom?

CL: Adventurous and funny, but also embarrassing. The first thing I learned when I became a mother is you no longer get to sing or dance. That's over. I love singing and dancing! I've been struggling with this for years, because since they were little they said, "Mom, stop. It's horrible." But I think I have an okay voice.

Q: You made the tabloids recently when you said you'd rather work with your husband of 21 years, Tommy Schlamme, than be married to him.

CL: I will never live that down! But it's true, even though I was joking when I said it. You see, Tommy's a wonderful director and he listens to me better on the set. It's the nature of the director's job to listen to his actors. But you know husbands. He listens, but with a newspaper in front of his face or with that TV remote.

Q: So, what are the secrets of a wonderful but complicated marriage?

CL: Remembering that you're a team. Also, people spend so much time together. I don't get it. Tommy and I bring a lot of different experiences back to our marriage.

Q: As you look ahead, what's in your career's future?

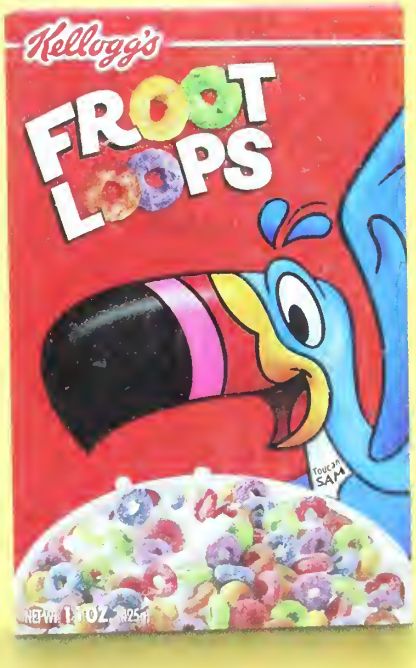
CL: I'm excited by parts that really scare me. Playing Grace did, because I thought, Oh, she sure is out there. The parts I've loved have been like that. I don't want to do it unless I'm a little nervous; then I know I'm challenging myself.

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The *Septuplets* at Seven

The McCaughey clan is cuter than ever, and each child is asserting his or her own personality. Enjoy our traditional Christmas visit with this fascinating American family!

BY PAULA CHIN



"Lucky for me, they play well together," says Mom Bobbi of (clockwise from top left) big sister Mikayla, Kelsey, Kenny, Natalie, Nathan, Alexis, Joel and (center) Brandon

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(Clockwise from right) Kelsey and Natalie don't need tinsel to sparkle; Brandon, the tallest and strongest of the bunch; sweet-tempered Nathan flashes his charming gap-toothed smile

The septuplets always have energy to spare, and on this chilly but sunny afternoon they're burning some up on their bicycles. "Natalie! Go more fast!" hollers daredevil Kenny (aka Bert) as he tailgates her on the driveway, zooming perilously close to Sprinkles the tabby. Blond and delicate in ballet slippers, Natalie will have none of it, and when little Kenny sideswipes and knocks down a standing bike, she stops and scolds, "Bert! Why do you do that?" Kelsey rides around silently in a world of her own, while Brandon, normally a roughhouser, plays nice with Cattie, the timid calico cat. "You can't talk loud because she gets scared," he whispers, kneeling on the grass and petting her gently. He looks up. Dad, Kenny Sr., 34, has come outside to monitor any mischief. "Joel, ride on the sidewalk, not the street!" he shouts. Joel obeys. But as soon as Dad goes back to the garage, he starts pedaling hard, props his feet up on the handlebars and speeds away—in the middle of the road.

Inside, in the rec room, Nathan lies contentedly on the rug with Alexis, who's pleading with her mom, Bobbi, 36, to watch a Miss PattyCake video. With wish-list dreams in her head, big sister Mikayla thumbs through a toy catalog, admiring the cheerleader and Wonder Woman outfits, when Kelsey comes in and snatches it. "Kelsey!" she says in her best Mom-is-miffed imitation, "I was looking at that!" In the kitchen, redolent of the aroma of baking bread, Bobbi smiles as she stirs the pepper stew in the slow cooker. "Always lots of fires to put out," she says.

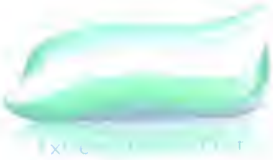
Just another day in the life at the McCaughey household, where the

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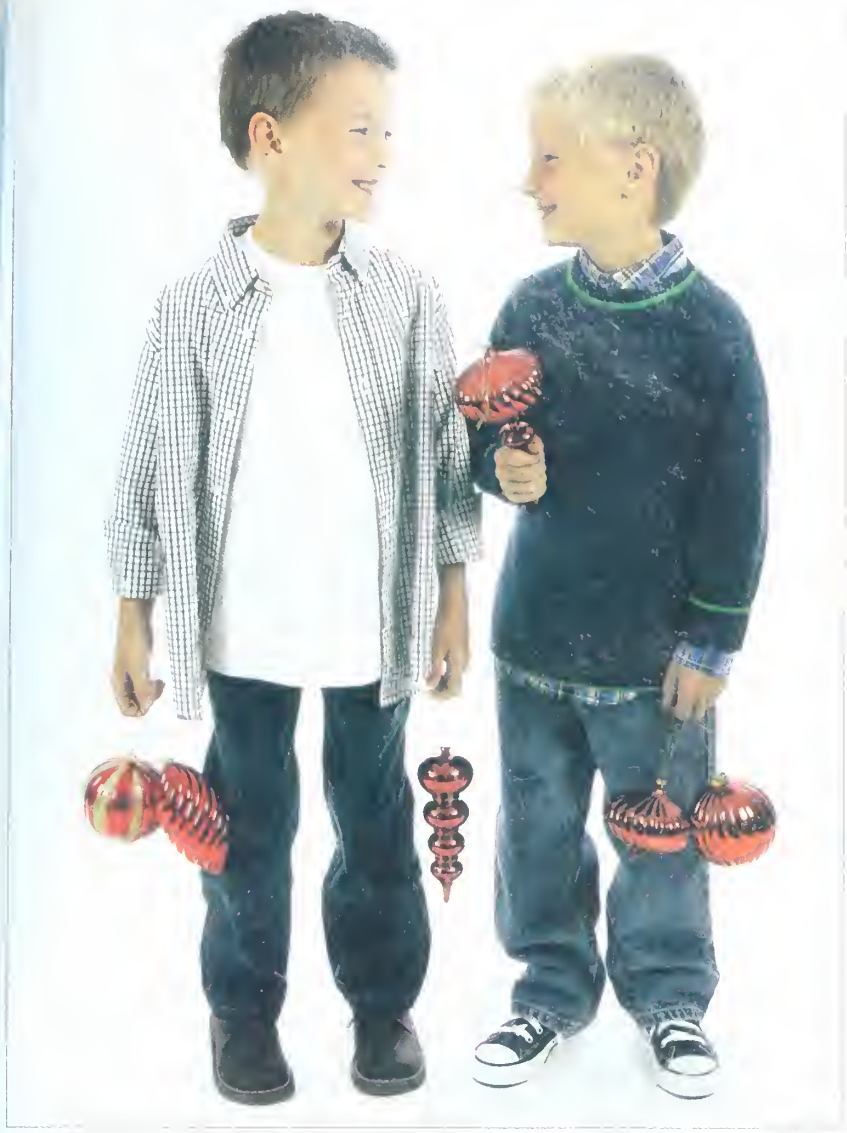


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Joel, far left, is usually in perpetual motion but manages to keep still for a second with little Kenny (nicknamed Bert for his middle name, Robert). Alexis, below, loves to give and get affection and is a bit of a mama's girl



septuplets turned 7 on November 19. And it truly is the best of times. "I'd say the biggest change in the past year is their wanting to help me, whether it's cooking supper, putting forks on the table, or pouring the Kool-Aid," says Bobbi. "It all started one day when they'd all behaved especially badly at their group violin lesson. I told them, 'There'll be no playing tomorrow!' The next morning I gave each of them a list of three chores to do, like picking up papers in the car, sweeping the garage floor, wiping the stair rail, straightening the sofa pillows. But it almost backfired as punishment," she says, laughing, "because they enjoyed it so much!"

Having cut their teeth in kindergarten, the septuplets are now old hands at the public elementary school in Carlisle, Iowa, where they're in separate first-grade classes. That includes Nathan and Alexis, whose speech and cognitive skills are impaired by cerebral palsy; both need walkers to get around, though the ever-practical Alexis sometimes prefers to crawl. "They love going to school so much that last summer they'd sigh, 'Oh, that's our school,' whenever we passed by on our way home from church," says Bobbi. After several years of homeschooling, Mikayla, 8, started attending the same school, where she has leapfrogged into fourth grade. Bright and articulate, she's become quite the social butterfly. "Then again, she's always been outgoing," says Bobbi. "For example, we'll go camping, and by the end of the day she has a new best friend."

With the septuplets' early, most labor intensive years behind them, Mom and Dad are reaping the rewards. Since the kids get tray lunches at school, there are no more for Bobbi to pack. "Even though I got it down to seven meals in 15 minutes, I dreaded doing it day after day—especially pouring the juice," she says. Fewer spills mean the septuplets can wear a single outfit the whole day long, so weekly laundry loads have dwindled from a dozen to just half that. And no longer overwhelmed by a constantly needy brood of fussing, finicky toddlers, Kenny seems to have come into his own and found his footing as a father. "I'm the fun-stuff guy—they come to me when they want to go outside, play video games, or ride their bikes," he says. "They go to Bobbi when someone is hurt or one wants to tattle on CONTINUED



Mikayla, 8, is already dreaming about the goodies she'll find in her stocking Christmas morning

another." After his 7 A.M. to 2 P.M. assembly-line shift at at a local manufacturing plant, he's also the house disciplinarian. But today, as on most days, the skirmishes are minor. "Get down right now!" Kenny yells at Brandon, who's walking on the kitchen counter. Then, to Bert, who saunters in chewing gum—a no-no unless doled out by Mom or Dad: "Where'd you get that? Spit it out, right here, now!" The boys oblige.

These days, the greatest challenge for the McCaugheys is balancing their children's growing need for independence with the desire to keep them close to the nest. "They've made so many friends, they're always saying, 'I want to go play with so-and-so,' or 'Why can't so-and-so come over?' " Bobbi says. "We can't accommodate them very often. Kenny and I are very close to our brothers and sisters and want to spend weekends with them and their kids." There's also the siren call of team sports—and the risk of parental enslavement to schedules and chauffeuring. Brandon, a natural at baseball, was dying to play, but after careful deliberation, the McCaugheys said no for now. "It's partly because of how much all the equipment costs and how it would cut into family time," she says. "My dad didn't allow me or my five siblings to do sports for the same reasons."

As for being in the public eye, the couple is confident they're doing what's best for the children while giving something back to the people who have supported them. "From the beginning, the outpouring of love—



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ne prayers, the gifts, the financial help, the new ouse—was overwhelming," says Bobbi. "We're no nore deserving than any other family, so we're grate- ul that this is how God chose to provide for us." Granting a few interviews and photos around the nolidays and updating people on the septuplets' progress, she adds, is her way of returning in kind. While the kids know that they're septuplets, they lon't know that it's anything special or that they're famous—and the McCaugheys would like to keep it hat way. "I certainly don't want us to be the next Osbournes," Bobbi says with a laugh.

"Who's that?" asks Kenny.

In fact, they're in no rush to see the children grow up too fast, although of course children always do. "Kenny and I are looking forward to having the free- dom we did early in our marriage, and we've decided we're going on a cruise to Alaska or the Caribbean," says Bobbi. "But it's a different stage of life now, and when it passes, I'll be sad. Not long ago, the rest of the kids were visiting friends or relatives and we had dinner with just Alexis and Nathan. I was putting the plates on the table when I said to Kenny, 'It's too quiet.' And he said, 'You're right. This is what it's go- ing to be like when the kids are all gone.'"

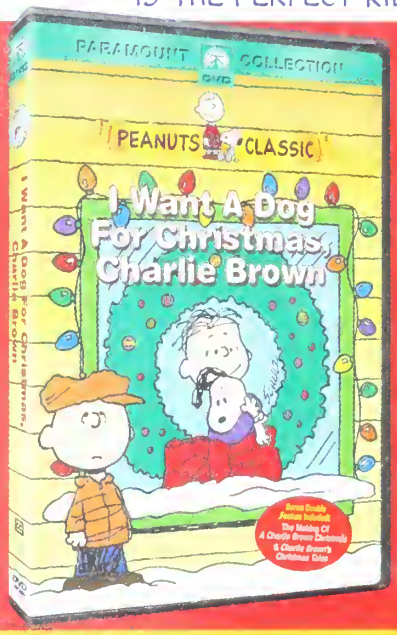
An empty nest is still many years—and happy memories—away. And what has been the best one this past year? Bobbi thinks hard. "Things always seem so cool when they happen, but then you can't remember them," she says. Kelsey walks into the kitchen and asks for her vitamin. Alexis clambers onto Bobbi's lap and starts kissing her elbow. Nathan asks if someone can take the bandage off his boo- boo. Joel and Brandon come *clack-clack-clacketing* into the kitchen on roller skates. Bert wants another gra- ham cracker. Suddenly Bobbi's face lights up. Christ- mas morning, when Kenny reads the Nativity story from the Bible before the presents are opened, has al- ways been her favorite, she explains, "but last year was the first time the children bought presents for one another." Not big-ticket items like dolls and toy cars, but clumsy, achingly sweet little gifts like plastic jewelry and coloring kits. "That made it one of the best holidays ever," says Bobbi. "You know, I'm just trying to enjoy what we have. I'm not one to think, 'I can't wait until they're in junior high.' That would be wishing my life away—as well as theirs."

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Group prints together in a casual cluster (*left*); create a sleek, linear look by hanging them in a straight, vertical line; or arrange on a tabletop or mantel for focal point displays that are as changeable as the seasons.

While colorful artwork has always been popular, try black and white for the beauty of a striking contrast between light and shadows. Our trio of framed floral photo prints by Julie Greenwood includes: 'Unity' (*top*), 'Awakened' (*bottom*), and 'Harmony' (*far left*). Each print is double matted in taupe and beige, mounted under glass, and framed in a black wood frame. The overall size of each print is 13×15 inches. Please specify stock number LAI400002. The price of the set is $69.95, plus shipping, handling, and sales tax, if applicable.

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Unity



Awakened



Harmony

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Christmas

ALL THROUGH THE HOUSE

Make your home merry with these easy and elegant decorating ideas

PHOTOGRAPHS BY [illegible]
PRODUCED BY KIERAN JUSKA
STYLING BY INGRID LEESS AND AMY LEONARD



Make an understated 12-inch lemon-leaf wreath by wiring sprigs of leaves onto a wreath form; it's the ideal decoration to hang inside each window. This iridescent glass-bead garland from Smith & Hawken looks beautiful draped over a doorway, mantel or the back of a bench. Homemade paper and glitter stars (see page 102 for how to make them) add sparkle.



Nothing is so enchanting to children as a fully decked Christmas tree—especially when they had a hand in making the ornaments. After stringing white lights from top to bottom, we added strands of blue- and silver-beaded garland. Then we nestled frosted-glass balls in the same shades in the inner branches. Last, the personal touch—homemade paper lanterns, mini frames with family photos and wooden star ornaments. (For directions, turn to page 98.) Dress, Sis Boom; slipcover fabric, Waverly, rug, Smith+Noble.





(*Opposite*) For a holiday mantel that is out of the ordinary, we swapped the traditional pine swag for the leafier look of fresh eucalyptus sprigs. We then lined the mantel with candlesticks—some with the usual tapers, others with glass Christmas balls tucked down in the base with a bit of pine. To keep the arrangement from looking too formal, we married it with an eclectic collection of whimsical stockings. (For directions, turn to page 102.) (*This page*) A variation on the traditional red-and-green floral centerpieces, these handcrafted snowflake topiaries—which spell out "Noel"—are a wonderful way to welcome guests to your table. We draped thick, red-beaded garlands on the arms of the chandelier and added sprigs of fir and pine.



FRAME ORNAMENT

For an adorable frame ornament that's great to use or give as a gift, start with an unpainted miniature frame (various shapes and sizes are available at crafts stores). Paint the frame with craft paint, let dry and adorn with decorative trims of your choice—here, we glued on small, glittery pom-poms. Flip over and glue a 3-inch length of bent pipe cleaner as a hook. Insert a favorite family photo and voilà—an instant heirloom.



STAR ORNAMENT

Easy to make, these wooden clip-on ornaments are a great holiday project to tackle with younger kids. Using craft paint, paint wooden stars purchased from a crafts store. Using specially shaped edging scissors and white paper, cut out scallop-edged strips and make polka dots with a regular hole punch. Apply the paper pieces to the star with Mod Podge (a clear-drying craft glue). Let dry, then paint the entire front of the ornament with a thin coat of Mod Podge. When dry, pipe glue around the edges and dip into a bowl of glitter. For the finishing touch, attach a small wooden clothespin to the back.

LANTERN: Fold a piece of colored vellum in half. Starting at the folded edge, cut evenly spaced vertical slits along the rectangle with scissors, stopping about half an inch from the top edge. Unfold the paper and form into a cylinder. Tape the middle, top and bottom edges together with clear tape. Punch holes on either side of the top and thread a silver pipe cleaner through to make a hanger.

NAME TAG

Fashioned from satin ribbon, pinecones and a round gift tag, these place cards are a graceful finishing touch for your holiday table. Simply tie a length of 2-inch-wide ribbon through the back or top of each chair. Using a hot-glue gun, attach two pinecones (spray-painted sage green) to the ribbon. Handwrite each guest's name on a tag and tie on with white rickrack.





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To add color to pillar candles set in hurricanes, we added mini limes, rosy crab apples and cranberries to create the perfect holiday mix. Elegant, colorful and so easy to create—just place the pillar candle in the hurricanes first, then gently place the fruit around it.

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The last time you quit smoking you forgot to tell your brain.

Here's the thing. When you smoke, your brain needs nicotine just to function normally. Really. Every time you smoke, the nicotine binds to these little tiny receptors in your brain. Thus, your brain becomes addicted to nicotine. So if you quit cold turkey, if you cut the brain off–well let's just say it gets a little annoyed. And you get cravings and withdrawal symptoms. Thanks brain. Of course you could quit with NicoDerm®CQ®. It's designed to gradually reduce the brain's need for nicotine. So your brain's happy. You're happy. Or at least you're happy that your brain's happy.



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Use as directed. Individual results may vary. Support program improves chances of success. ©2004 GlaxoSmithKline Consumer Healthcare, LP.



PAPER STARS

Using different-size star-shaped stencils, trace stars onto heavy-weight paper, then cut out. Using a pencil and straight edge, lightly draw a line from the tip of one star point to the indent on the opposite side of the star (the inner edge of the "v" shape). Fold the paper on the line and open the star again gently, preserving the crease. Do the same for each of the star's points. Then reverse the direction of the folds so the center becomes convex and the star takes on a 3-D shape. Cover stars completely in glitter, applying spray adhesive to the whole front, or create a pattern using tubes of silver glitter glue, available at craft stores. Whichever you choose, be sure the stars are completely dry before moving them.



STOCKINGS

To make any of the three stockings above, first cut the desired shape out of brown kraft paper. Pin the pattern to the fabric of your choice and cut out around the paper form with sharp scissors. Repeat, creating a second identical fabric form for the back of each stocking. (Glue together with fabric glue or, for a sturdier stocking, sew with a simple blanket stitch.)

CUFFED EDGE: Choose fabric with a fringed edge. When cutting out the stocking shape, be sure to position the paper pattern at least six inches from the fringe so you can fold the edge over as the cuff.

POM-POMS AND BALL FRINGE: Glue a length of ball fringe onto the outer edges of the stocking and glue single pom-poms to the front face in any pattern you like.

SNOW-WHITE BUTTONS: Choose a selection of new and vintage off-white buttons to create a wide decorative band on the top of the stocking—use your imagination! Once you have decided on a pattern you like, sew the assorted buttons onto the stocking.

WRAPPING

It's always wonderful to give packages a personal touch—whether a homemade gift tag, card or adornment. Here, we added a strip of vellum over a plain red wrapping, with snowflake cutouts made with a specially shaped paper punch. The gift tags are simply souped-up cardboard tags from an office supply store—we just glued slightly smaller scallop-edged pieces of card stock paper to give them a festive look.



LHJ.com Make more room for the Christmas tree! Try our online room-arranging tool: www.lhj.com/arrangearoom

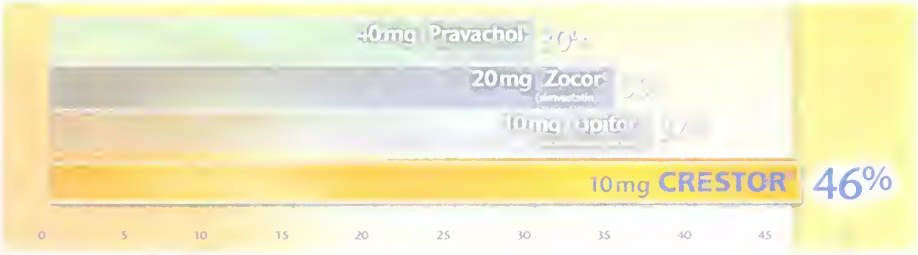
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CRESTOR
rosuvastatin calcium

Visit CRESTOR.COM or call 877-5-CRESTOR for a **FREE 15-DAY TRIAL** of CRESTOR 10 mg.

Important information: CRESTOR is prescribed along with diet for lowering cholesterol and is not for everyone, including people with liver disease, and women who are nursing, pregnant, or may become pregnant. Tell your doctor promptly if you experience unexplained muscle pain or weakness, as they may be a sign of serious side effects. Be sure to tell your doctor about other medications you are taking. Simple blood tests are needed to check for liver problems before and 12 weeks after start of therapy or change of dose, and periodically thereafter. Side effects occur infrequently and include muscle aches, constipation, weakness, abdominal pain, and nausea. They are usually mild and tend to go away. CRESTOR has not been shown to prevent heart disease or heart attacks. See adjacent page for additional important information.

Source: Most commonly prescribed doses based on IMS (August 2003-July 2004).

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AstraZeneca

Please read this summary carefully and then ask your doctor about CRESTOR. No advertisement can provide all the information needed to determine if a drug is right for you. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug.

BRIEF SUMMARY: For full Prescribing Information, see package insert.

INDICATIONS AND USAGE CRESTOR is indicated 1. as an adjunct to diet to reduce elevated total-C, LDL-C, ApoB, non-HDL-C and TG levels and to increase HDL-C in patients with primary hypercholesterolemia (heterozygous familial and non-familial) and mixed dyslipidemia (Fredrickson Type IIa and IIb) 2. as an adjunct to diet for the treatment of patients with elevated serum TG levels (Fredrickson Type IV) 3. to reduce TC, LDL-C, ApoB, non-HDL-C and TG in patients with homozygous familial hypercholesterolemia as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable.

CONTRAINDICATIONS CRESTOR is contraindicated in patients with hypersensitivity to any component of this product. Rosuvastatin is contraindicated in patients with active liver disease or with unexplained persistent liver enzyme elevations. (see WARNINGS, Liver Enzymes). **Pregnancy and Lactation** Administration of rosuvastatin to pregnant women and women who are nursing. Because chronic exposure and discontinuation of lipid-lowering drugs during pregnancy have little impact on the outcome of long-term therapy of hypercholesterolemia, and Cholesterol and other products of cholesterol biosynthesis are necessary components of fetal development (including synthesis of steroid hormones and cell membranes), HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly cholesterol derivatives, and may cause fetal harm when administered to a pregnant woman. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. ROSUVASTATIN SHOULD BE ADMINISTERED TO WOMEN OF CHILDBEARING AGE ONLY WHEN SUCH PATIENTS ARE UNLIKELY TO BECOME PREGNANT AND HAVE BEEN INFORMED OF THE POTENTIAL HAZARDS. Women should discontinue while taking this drug therapy should be informed of the potential hazard to the fetus. **WARNINGS Liver Enzymes** Persistent elevations of hepatic transaminases have occurred during therapy with this class of drugs. Liver biopsy examinations have revealed hepatocellular changes in a few patients. Clinical trials have included patients with elevations of serum transaminases up to 3 times the upper limit of normal (ULN). In clinical trials with CRESTOR, increases to >3 times ULN in transaminases (ALT) occurred in 0.2% (10/4241) of patients in 10, 20 and 40 mg respectively. Elevations were generally asymptomatic, not associated with cholestasis, and returned to baseline or improved on continued therapy. There were two cases of jaundice in patients who developed hepatocellular dysfunction, which resolved after discontinuation of therapy. Cases of hepatocellular injury with reversible jaundice have been reported with rosuvastatin. **It is recommended that liver function tests be performed before and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (e.g., semiannually) thereafter.** Liver enzyme changes generally occur in the first 3 months of treatment with rosuvastatin. Patients who develop increased transaminase levels should be monitored until the abnormalities have resolved. Should an increase in ALT or AST of greater than 3 times ULN persist, reduction of dose or withdrawal of rosuvastatin is recommended. Rosuvastatin should be used with caution in patients who consume substantial quantities of alcohol and/or have a history of liver disease; see CLINICAL PHARMACOLOGY, Special Populations, Hepatic Insufficiency. Active liver disease or unexplained persistent transaminase elevations are contraindications to the use of rosuvastatin; see CONTRAINDICATIONS. **Myopathy/Rhabdomyolysis** Rare cases of rhabdomyolysis with **acute renal failure secondary to myoglobinuria have been reported with rosuvastatin and with other drugs in this class.** Uncomplicated myopathy has been reported in rosuvastatin-treated patients; see ADVERSE REACTIONS). Creatine kinase (CK) elevations >10 times upper limit of normal occurred in 0.2% to 0.4% of patients taking rosuvastatin at doses of up to 40 mg in clinical studies. Treatment-related myopathy, defined as muscle aches or muscle weakness in combination with increases in CK values >10 times upper limit of normal, was reported in up to 0.1% of patients taking rosuvastatin doses of up to 40 mg in clinical studies. Rare cases of rhabdomyolysis were seen with higher than recommended doses (>80 mg) of rosuvastatin in clinical trials. Factors that may predispose patients to myopathy with HMG-CoA reductase inhibitors include advanced age (≥65 years), hypothyroidism and renal insufficiency. The incidence of myopathy increased at doses of rosuvastatin above the recommended dosage range. Consequently, rosuvastatin should be prescribed with caution in patients with predisposing factors for myopathy such as renal impairment (see DOSAGE AND ADMINISTRATION, advanced age and hypothyroidism). Patients should be advised to promptly report unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. Rosuvastatin therapy should be discontinued if markedly elevated CK levels occur or myopathy is diagnosed or suspected. The risk of myopathy during treatment with rosuvastatin may be increased with concurrent administration of other lipid-lowering therapeutics (e.g., cyclosporine; see CLINICAL PHARMACOLOGY, Drug Interactions, PRECAUTIONS, Drug Interactions, and DOSAGE AND ADMINISTRATION). **The benefit of further alterations in lipid levels by the combined use of rosuvastatin with fibrates or niacin should be carefully weighed against the potential risks of this combination. Combination therapy with rosuvastatin and gemfibrozil should generally be avoided (See DOSAGE AND ADMINISTRATION and PRECAUTIONS, Drug Interactions).** 4. **The risk of myopathy during treatment with rosuvastatin may be increased in circumstances which increase rosuvastatin drug levels (see CLINICAL PHARMACOLOGY, Special Populations, Race and Renal Insufficiency, and PRECAUTIONS, General).** 5. **Rosuvastatin therapy should also be temporarily withheld in any patient with an acute, serious condition suggestive of myopathy or predisposing to the development of renal failure secondary to rhabdomyolysis (e.g., sepsis, hypotension, major surgery, trauma, severe metabolic, endocrine, and electrolyte disorders, or uncontrolled seizures).** **PRECAUTIONS General** Before initiating therapy with rosuvastatin, an attempt should be made to control hypercholesterolemia with a appropriate diet and exercise, weight reduction in obese patients, and treatment of underlying medical problems (see INDICATIONS AND USAGE, Administration of rosuvastatin 40 mg to patients with severe renal impairment (Creatinine Clearance < 30 mL/min/1.73 m²) creases plasma concentrations of rosuvastatin compared to healthy volunteers (see WARNINGS, Myopathy/Rhabdomyolysis and DOSAGE AND ADMINISTRATION). Pharmacokinetic studies show an approximate 2-fold elevation in median exposure in Japanese subjects (Asian) and in Chinese subjects residing in North America and Europe. The [illegible] observed as well as between Hispanic and Caucasian subjects. Therefore, when making rosuvastatin administration decisions in patients with [illegible], consideration should be given to these findings. See WARNINGS, Myopathy/Rhabdomyolysis, CLINICAL PHARMACOLOGY, Special Populations, Race.

Information for Patients [illegible] to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever or if muscle signs persist after discontinuing the medication. [illegible] see WARNINGS, Myopathy/Rhabdomyolysis). [illegible] PHARMACOLOGY, Special Populations, Race.

Laboratory Tests [illegible] clinical program [illegible] rosuvastatin [illegible] range [illegible] 40 mg, where [illegible] generally transient [illegible] clinical significance [illegible] patients on rosuvastatin 40 [illegible] ur nalysis testing. **Drug Interactions** Cyclosporine [illegible] administered with [illegible] mean AUC were increased 11-[illegible] teers. These increases are consistent [illegible] [illegible] patients taking concomitant [illegible] see WARNINGS, Myopathy/Rhabdomyolysis and DOSAGE AND ADMINISTRATION). Warfarin: [illegible] patients stable warfarin therapy, resulted [illegible] INR 2-4, baseline 2-3) in patients taking coumarin anticoagulants and [illegible] concomitantly, INR should be determined before starting rosuvastatin and [illegible] during early therapy to ensure that no significant alteration of INR occurs. [illegible] INR time has been documented, INR can be monitored at the intervals usual [illegible] for patients on coumarin anticoagulants if the dose of rosuvastatin is [illegible] the same procedure should be repeated. Rosuvastatin therapy has not been associated with bleeding or with changes in INR in patients not taking anticoagulants. **Gemfibrozil:** [illegible] of a single rosuvastatin dose to healthy volunteers on gemfibrozil 600 mg [illegible] resulted in 2.2- and 1.9-fold respectively increase in mean C[illegible] and mean AUC [illegible] see DOSAGE AND ADMINISTRATION). **Endocrine Function** Although [illegible] studies have shown that rosuvastatin alone does not reduce basal plasma cortisol [illegible] concentration or blunt adrenal reserve, caution should be exercised when HMG-CoA reductase [illegible] other agents used to lower cholesterol levels are administered concomitantly, as drugs that may decrease the levels or activity of endogenous steroid hormones such as [illegible] ketoconazole and spironolactone. **CNS Toxicity** CNS vascular lesions, characterized by perivascular hemorrhages, edema and mononuclear cellular infiltration of perivascular spaces, have been observed in dogs treated with several other members of this drug class. A chemically similar drug in this class produced dose-dependent optic nerve degeneration (Wallerian degeneration of retinogeniculate fibers) in dogs at a dose that produced plasma drug levels about 30 times higher than the mean drug levels in humans taking the highest recommended dose. Edema, hemorrhage and partial necrosis in the anterior lobe of the thyroid gland was observed in a female dog sacrificed moribund at day 24 at 240 mg/kg/day by oral gavage; systemic exposures 100 times the human exposure at 40 mg/day based on AUC comparisons. Corneal opacity was seen in dogs treated for 26 weeks at 6 mg/kg/day by oral gavage (systemic exposures 20 times the human exposure at 40 mg/day based on AUC comparisons). Cataracts were seen in dogs treated for 12 weeks by oral gavage at 30 mg/kg/day (systemic exposures 60 times the human exposure at 40 mg/day based on AUC comparisons). Retinal dysplasia and retinal loss were seen in dogs treated for 4 weeks by oral gavage at 90 mg/kg/day (systemic exposures 100 times the human exposure at 40 mg/day based on AUC. Doses ≥30 mg/kg/day, systemic exposures ≥60 times the human exposure at 40 mg/day based on AUC comparisons following treatment up to one year did not reveal retinal findings. **Carcinogenesis, Mutagenesis, Impairment of Fertility** In a 104-week carcinogenicity study in rats at dose levels up to 60 or 80 mg/kg/day, oral gavage, the incidence of uterine stromal polyps was significantly increased in females at 5 mg/kg/day, a systemic exposure 2 times the human exposure at 40 mg/day based on AUC. Increased incidence of polyps was not seen at lower doses. In a 102-week carcinogenicity study, mice given up to 200 mg/kg/day, oral gavage, an increased incidence of hepatocellular adenoma/carcinoma was observed at 200 mg/kg/day, a systemic exposures 20 times human exposure at 40 mg/day based on AUC. An increased incidence of hepatocellular tumors was not seen at lower doses. Rosuvastatin was not mutagenic or clastogenic in an in vitro mutagenicity evaluation in the Ames test with *Salmonella typhimurium* and *Escherichia coli*, the mouse lymphoma assay and the chromosome aberration assay in Chinese hamster lung cells. Rosuvastatin was negative in the in vivo mouse micronucleus test. Fertility studies in rats (oral gavage doses of 5, 15, 50 mg/kg/day, males were treated for 9 weeks prior to and throughout mating and females were treated 2 weeks prior to mating and throughout up until gestation day 7. No adverse effect on fertility was observed at 50 mg/kg/day, systemic exposures up to 10 times human exposure at 40 mg/day based on AUC comparisons. In testes of dogs treated with rosuvastatin at 30 mg/kg/day, the highest dose tested, in a 1-year oral gavage study, degeneration of the germinal epithelium was seen. Spermatogenesis was observed in animals given 6-month treatment at 6 mg/kg/day, a systemic exposures 20 times human exposure at 40 mg/day based on AUC. In addition to rosuvastatin use in numerous nonclinical studies, Exposures in the dog were 20 times and in the monkey 40 times human exposure at 40 mg/day based on body surface area comparisons. Similar findings have been seen with other drugs in this class. **Pregnancy** *Pregnancy Category X* See CONTRAINDICATIONS. Rosuvastatin may cause fetal harm when administered to a pregnant woman. Rosuvastatin is contraindicated in women who are pregnant, may become pregnant. Safety in pregnant women has not been established. There are no adequate and well-controlled studies of rosuvastatin in pregnant women. Rosuvastatin crosses the placenta and is found in fetal tissue and amniotic fluid. [illegible] and 2%, respectively, of the maternal plasma concentration following a single 25 mg/kg oral gavage dose on gestation days 16 and 18. A higher fetal tissue distribution (25% maternal plasma concentration) was observed in rodents after a single oral dose of 10 mg/kg on gestation day 18. If this drug is administered to a woman who conceives, the patient should be apprised of the potential hazard to a fetus. Female rats given oral dose doses of 5, 15, 50 mg/kg/day, rosuvastatin before mating and continuing throughout lactation caused reduction in depressed fetal body weight. Female dogs and cats exposed to systemic high dose systemic exposures 10 times human exposure at 40 mg/day, based on AUC comparisons, during organogenesis given oral gavage doses of 10, 30 mg/kg/day, from gestation day 1 through lactation day 21 weaning, decreased survival, reduced body weight and maternal morbidity was observed. Rosuvastatin was nonteratogenic in rats at 25 mg/kg/day or rabbits at 3 mg/kg/day, systemic exposures equivalent to human exposure at 40 mg/day, based on AUC. [illegible] comparison, respectively. **Nursing Mothers** It is known [illegible] rosuvastatin is excreted in human milk. Studies in animals have [illegible] rosuvastatin is secreted into breast milk in [illegible] than that [illegible] and because [illegible] for serious adverse reactions [illegible] infants from [illegible] should be made whether to discontinue nursing or discontinue [illegible] taking into account the importance of this drug to the nursing mother. **Pediatric Use** [illegible] safety and effectiveness in pediatric patients have not been established. [illegible] these patients [illegible] **Geriatric Use** Of [illegible] rosuvastatin [illegible] were 65 years and [illegible] The overall frequency of adverse events and types of adverse events were similar in patients above and below 65 years of age. WARNINGS, Myopathy/Rhabdomyolysis). The efficacy of rosuvastatin in the geriatric [illegible] years of age was comparable to the efficacy observed in the younger [illegible]

ADVERSE REACTIONS Rosuvastatin is generally well tolerated. Adverse reactions have usually been mild and transient. In clinical studies of 10,275 patients, [illegible] discontinued due to adverse experiences attributable to rosuvastatin. The most frequent adverse events thought to be related to rosuvastatin were myalgia, constipation, abdominal pain and nausea. **Clinical Adverse Experiences** Adverse reactions, regardless of causality assessment, reported in ≥2% of patients in placebo-controlled studies of rosuvastatin are shown in Table 1. Similar reactions due to adverse events in studies of up to 12 weeks duration occurred in 3% of patients on rosuvastatin vs. 2% on placebo.

Table 1. Adverse Events in Placebo-Controlled Studies

Adverse event	Rosuvastatin N=744	Placebo N=382
Pharyngitis	9.0	7.6
Headache	8.6	5.0
Diarrhea	3.4	2.9
Dyspepsia	3.4	3.1
Nausea	3.4	3.1
Myalgia	3.4	1.3
Asthenia	3.2	2.6
Back pain	2.6	2.4
Flu syndrome	2.3	1.8
Urinary tract infection	2.3	1.6
Rhinitis	2.2	2.1
Sinusitis	2.0	1.8

In addition, the following adverse events were reported regardless of causality assessment in 0.1% to 1.9% of 10,275 patients treated with rosuvastatin in clinical studies. The majority of these occurred in 2% of these patients. **Body as a Whole** Abdominal pain, abdominal pain, chest pain, infection, pain, pelvic pain and neck pain. **Cardiovascular System:** Hypertension, angina pectoris, vasodilatation and palpitation. **Digestive System:** Constipation, gastroenteritis, vomiting, flatulence, periodontal abscess, gastritis. **Endocrine** Diabetes mellitus. **Hemic and Lymphatic System.** Anemia and thrombocytopenia. **Metabolic and Nutritional Disorders:** Peripheral edema. **Musculoskeletal System:** Arthritis, arthralgia and pathological fracture. **Nervous System.** Dizziness, insomnia, paresthesia, depression, anxiety, vertigo and neuralgia. **Respiratory System.** Bronchitis, cough increased, dyspnea, pneumonia and asthma. **Skin and Appendages:** Rash and pruritus. **Laboratory Abnormalities.** In the rosuvastatin clinical program, dipstick-positive proteinuria and microscopic hematuria were observed in rosuvastatin-treated patients, predominantly in patients dosed above the recommended range (i.e., 80 mg). However, this finding was more frequent in patients taking rosuvastatin 40 mg when compared to lower doses of rosuvastatin or comparator statins, though generally transient and was not associated with worsening renal function. (See PRECAUTIONS, Laboratory Tests). Other abnormal laboratory values reported were elevated creatine phosphokinase, transaminases, hyperglycemia, glutamyl transpeptidase, alkaline phosphatase, bilirubin and thyroid function abnormalities. Other adverse events reported less frequently than 1% in the rosuvastatin clinical study program, regardless of causality assessment, included arrhythmia, hepatitis, hypersensitivity reactions, face edema, thrombocytopenia, leukopenia, vesiculobullous rash, urticaria, and angioedema. Rosuvastatin, like other drugs in this class, has been associated with rare reports of systemic lupus erythematosus, myasthenia, myositis, pancreatitis, photosensitivity, reaction, myopathy and rhabdomyolysis.

OVERDOSAGE There is no specific treatment in the event of overdose. In the event of overdose, the patient should be treated symptomatically and supportive measures instituted as required. Hemodialysis does not significantly enhance clearance of rosuvastatin.

DOSAGE AND ADMINISTRATION The patient should be placed on a standard cholesterol-lowering diet before receiving CRESTOR and should continue on this diet during treatment. CRESTOR can be administered as a single dose at any time of the day, with or without food. **Hypercholesterolemia (Heterozygous Familial and Nonfamilial) and Mixed Dyslipidemia (Fredrickson Type IIa and IIb)** The dose range for CRESTOR is 5 to 40 mg once daily. Therapy with CRESTOR should be initiated and dose adjustments made based on the patient's LDL-C level and goal of therapy and response. The usual recommended starting dose of CRESTOR is 10 mg once daily. Initiation of therapy with 5 mg once daily may be considered for patients requiring less aggressive LDL-C reductions or who have predisposing factors for myopathy (see WARNINGS, Myopathy/Rhabdomyolysis). For patients with marked hypercholesterolemia (LDL-C > 190 mg/dL) and aggressive lipid targets a 20 mg starting dose may be considered. The 40-mg dose of CRESTOR should be reserved for use in patients who have not achieved goal LDL-C at 20 mg (see WARNINGS, Myopathy/Rhabdomyolysis). After initiation and/or upon titration of CRESTOR, lipid levels should be analyzed within 2 to 4 weeks and dosage adjusted accordingly. **Homozygous Familial Hypercholesterolemia** The recommended starting dose of CRESTOR is 20 mg once daily for patients with homozygous FH. The maximum recommended daily dose is 40 mg. CRESTOR should be used in these patients as an adjunct to other lipid-lowering treatments (e.g., LDL apheresis) or if such treatments are unavailable. Response to therapy should be assessed from pre-apheresis LDL-C levels. **Dosage in Patients Taking Cyclosporine** In patients taking cyclosporine therapy should be limited to CRESTOR 5 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis and PRECAUTIONS, Drug Interactions). **Concomitant Lipid-Lowering Therapy** The effect of CRESTOR on LDL-C and total-C may be enhanced when used in combination with a bile acid binding resin. If CRESTOR is used in combination with gemfibrozil, the dose of CRESTOR should be limited to 10 mg once daily (see WARNINGS, Myopathy/Rhabdomyolysis and PRECAUTIONS, Drug Interactions). **Dosage in Patients With Renal Insufficiency** No modification of dosage is necessary for patients with mild to moderate renal insufficiency. For patients with severe renal impairment (CLcr <30 mL/min/1.73 m²) not on hemodialysis, dosing of CRESTOR should be started at 5 mg once daily and not to exceed 10 mg once daily (see PRECAUTIONS, General, and CLINICAL PHARMACOLOGY, Special Populations, Renal Insufficiency).

NOTE: This summary provides important information about CRESTOR. For more information, please ask your doctor or health care professional about the full Prescribing Information and discuss it with them.

References: 1. IMS National Prescription Audit (August 2004).

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e holidays are all about spending quality t
th family and friends. The last thing you need t
orry about is finding the perfect gift at the ast
nute! Before you head out to the stores, take a
ok at this section featuring great gift ideas for
ery loved one on your list, including yourself. So,
t inspired, go shopping and happy holidays!

OLIDAY WRAP-UP SWEEPSTAKES

ke the gifts featured in this section? Here's your chance
win them all for yourself! One lucky winner will be
lected at random to win all the gifts featured in Holiday
Wrap Up. Just send us a postcard with your name, address
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Holiday Wrap-Up Sweepstakes
Ladies' Home Journal
125 Park Avenue, 19th Floor
New York, NY 10017

See page 107 for complete sweepstakes rules.



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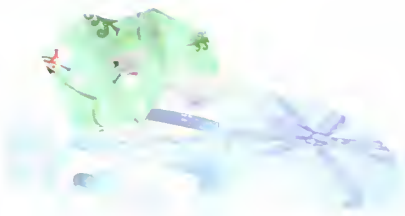
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For Her

1 These sparkling flower brooches from Stephan & Co. are the perfect outfit sprucer-uppers. Small flower, $22; large flower, $24. 212-481-3888

2 Your favorite fashion-savvy friend will love this tweed purse, which she can loop on her wrist while mingling at holiday parties. Liz Claiborne, $29.99; *www.lizclaiborne.com*

3 These comfy pajamas are ideal for the animal lover in your life. Hot Dog pj's, Hue Sleepwear, top, $20, pants, $27, at select Nordstrom's; 888-282-6060

4 Nearly every Hollywood celebrity is sporting way-trendy shearling boots. Let your loved one feel like a superstar while staying within a mere mortal's budget with Target's snuggly rendition. $19.99; *www.target.com*

5 Isaac Mizrahi's great-looking (and sweetly priced) cardigan and extra-long glove combo is available in an array of the season's brightest hues. $19.99 for the set; *www.target.com*

6 The Deluxe Travel Brush Set, designed by beauty guru Sonia Kashuk, includes eight brushes, all in a chic white case perfect for a girl on the go. $19.99 at select Target's; 800-440-0680

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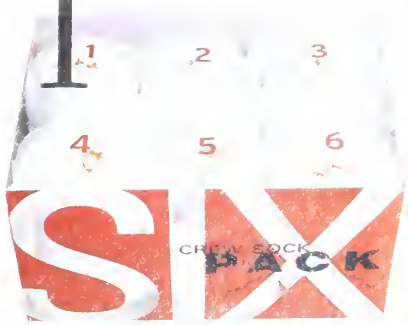
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6/04











For Him

1 What self-respecting sportsman couldn't use a six-pack—of spankin' white socks? From Hue, $15 at select Macy's; 800-289-622

2 Perfect for the rugged outdoorsman, Jeep's 16-piece Multi-Tool includes a wire cutter, fish scaler and pliers. $25; *www.jeep.com*

3 If he's a fan of the hit TV series *The Sopranos*, this trivia game is a gift he can't refuse. $15.99; *www.amazon.com*

4 Give the gift of time. Armitron's chronograph watches (far left and right) have timers and large digital displays. Timex's water-resistant 1440 Sports Cyclone has an alarm as well as a night-light. Armitron watches, $20, at select JCPenney's; 800-222-6161; Timex, $28; *www.timex.com*

5 His Tweezerman Deluxe Grooming Kit has all a man needs to keep himself looking dashing, including facial hair scissors, stainless-steel tweezers and nail clippers. $20; *www.tweezerman.com*

6 Keep him cozy this winter in Old Navy's ribbed V-neck cotton camel sweater. $29.50; *www.oldnavy.com*

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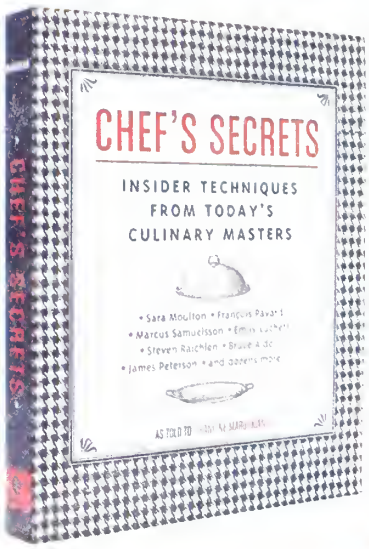


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For Foodies

1 Francine Maroukian's book will help aspiring chefs hone their skills. $16.95; *www.chronicle books.com*

2 Prettily packaged Hurd Orchards Apricot Box contains two delicious jams. $25; 585-638-8838

3 The blade of Chef'n PopOut Peeler retracts into the handle for safe drawer storage. $6.49; *www.chefn.com*

4 This set of three lovely fruit jams from Beth's Farm Kitchen recalls the taste of summer. $21.50; *www.bethsfarmkitchen.com*

CONTINUED



4

FESTIVE DRINKS

This non-alcoholic sparkling cider is sweet and refreshing. $28 for a case of 12 bottles; *www.alpenglow.net*

A sparkling red wine with hints of rose petals and raspberries, it's an ideal aperitif. $21; *www.beekmanliquors.com*

This wine has a fruity character with a crisp aroma of grapefruit and a taste of melon and citrus. $19; *www.cakebread.com*

DELICIOUS TREATS

This selection of handmade nibbles includes flatbreads and mini quiches; *www.goodwives.com*

These baked potato thins go beautifully with 16 indulgent dips; *www.williampoll.com*

Send a bit of Southern comfort to someone you love with these award-winning smokehouse meats and cheeses out of Kentucky; *www.broadbenthams.com*

Each bar is wrapped in a card featuring one of 48 artworks from adult and child artists. A portion of the profits goes to support educational art programs; *www.ithacafinechocolates.com*



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For Baby

1 Ready Set Learn! Paz's Fishing Set comes complete with rod, line and hook—as well as some colorful catches. $24.95; *www.discoverystore.com*

2 Baby Einstein's Classical Composers Musical Instruments Giraffe Violin is the perfect gift for the aspiring musician. $9.99; *www.babyeinstein.com*

3 From Fisher-Price comes another great learning toy that's also loads of fun. The interactive PowerTouch baby book helps kids learn to read out loud and has a charming storybook. Other storybooks sold separately. $29.99; *www.toysrus.com*

4 LeapFrog's Touch & Tug Discovery Book is ideal for the youngest kids: With no pages to tear, this soft, expandable book can be stretched out in the crib. $24.99; *www.walmart.com*

5 This cotton Cupcake T-shirt from Kee-ka will make your little one even more scrumptious looking than she already is. $20; *www.keekababy.com*

6 From UNICEF comes this Wonderful World Play Set. The soft globe holds a miniature sun, moon, spaceship and planet inside for a whole world of discovery. Proceeds go to UNICEF. $25; *www.unicefusa.org*

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The new fragrance with a story behind it.

From All My Children.

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abc.com













For Kids

1 Kids can't get enough of Nickelodeon's hit show *SpongeBob SquarePants*. This Krabby Patty Station lets them cook up burgers and fries just like their favorite characters. $20; *www.toysrus.com*

2 These classics will be loved by kids both young and old: Chris Van Allsburg's *The Polar Express* ($18.95); *The Emperor's New Clothes*, by Marcus Sedgwick and Alison Jay ($16.95); and *Unwitting Wisdom: An Anthology of Aesop's Fables*, by Helen Ward ($18.95); *www.amazon.com*

3 Make cleanup fun for your little ones with the cheerful Block-O-Dile from Lego. At the end of playtime, it sweeps Legos off the floor. $14.99; *www.lego.com*

4 Because kids helped to design them, these Off The Map Explorer's Gloves by Wild Planet have everything young explorers need for their expeditions, like a watch and compass. $19.99; *www.wildplanet.com*

5 Snowman in a Box kit by Nancy Armstrong and Adam McCauley has a corncob pipe, a carrot nose and other essentials for a kid-made Frosty. $9.95; *www.fredflare.com*

6 Personalized wall clocks from Olive Kids come in a variety of adorable styles. $24.99; *www.olivekids.com*

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It's "a little s
heaven" Se
It's "drop by any old time
you want" Season



Jell-O No Bake Mini Cheesecakes

See recipe on any box of Jell-O No Bake Real Cheesecake

Chocolate Ribbon Pie

Prep: 15 minutes plus refrigerating

1 OREO Pie Crust (6 oz.)
4 oz. (1/2 of 8-oz. pkg.) PHILADELPHIA Cream Cheese, softened
2 Tbsp. sugar
1 Tbsp. milk
1 tub (8 oz.) COOL WHIP Whipped Topping, thawed, divided
2 cups cold milk
2 pkg. (4-serving size each) JELL-O Chocolate Flavor Instant Pudding & Pie Filling

BEAT cream cheese, sugar and 1 Tbsp. milk in large bowl with wire whisk until smooth. Gently stir in half of the whipped topping. Spread on bottom of crust.

POUR 2 cups milk into large bowl. Add dry pudding mixes. Beat with wire whisk 2 minutes or until well blended. (Mixture will be thick.) Pour over cream cheese layer.

REFRIGERATE 4 hours or until set. Just before serving, garnish with remaining whipped topping. Makes 8 servings.





For Teens

Budding fashionistas love to shop. Hasbro's Mall Madness helps teach money management, too. $29.99; *www.toysrus.com*

2 Emerson's radio/CD player is just the thing for tune-loving teens on the go. $29.95; *www.walmart.com*

3 Fashion-savvy teens will see the beauty in this faux-shearling purse from Old Navy. $12.50; *www.oldnavy.com*

4 A girl with her own style will adore this Wooden Shoe Wanna Paint These! kit from The Bead Shop. $24; *www.backtobasicstoys.com*

5 With these Beat Blenders from Wild Planet, teens can make rockin' music. $9.99 to $19.99; *www.target.com*

6 This Quad Camera takes four time-delayed snapshots at once, capturing successive moments. $14; *www.zgallerie.com*

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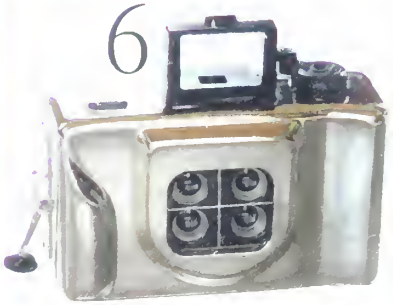
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- **Keith Urban's *Be Here:*** The follow-up to his 2002 double-platinum album, $13.99
- **Jessica Simpson's *Rejoice:*** Simpson's favorite Christmas songs, $14.99
- **Jazz for Kids: *Sing, Clap, Wiggle and Shake:*** For the littlest music lovers in your life, $10.99

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For the Dog

1 The Spa Dog Botanicals Natural Aromatherapy Grooming Starter Kit is the perfect way to get your dog's coat glowing for the holidays. Includes a lavender healing spray, eucalyptus flea spray and conditioning shampoo. $30; *www.spadogbotanicals.com*

2 The Bon Ton Doggy Pick-Up Kit is a cleverly designed bone-shaped container that holds 10 plastic pickup bags and clips to your dog's leash. Available at The Container Store, $6.99; *www.containerstore.com*

3 Make a canine fashion statement with these oh-so-glamorous sparkle leashes and collars from New York Dog. Collar, $26; leash, $30; New York Dog, 646-486-1331

4 Thedog8it!'s Bribery Bits treats are lovingly made with organic ingredients. $7.99; *www.thedog8it.com*

5 These 10-inch, stuffed, bone-shaped chew toys from Two Simmons Studio won't be an eyesore when left lying around the house. Available at Anthropologie, $12; *www.anthropologie.com*

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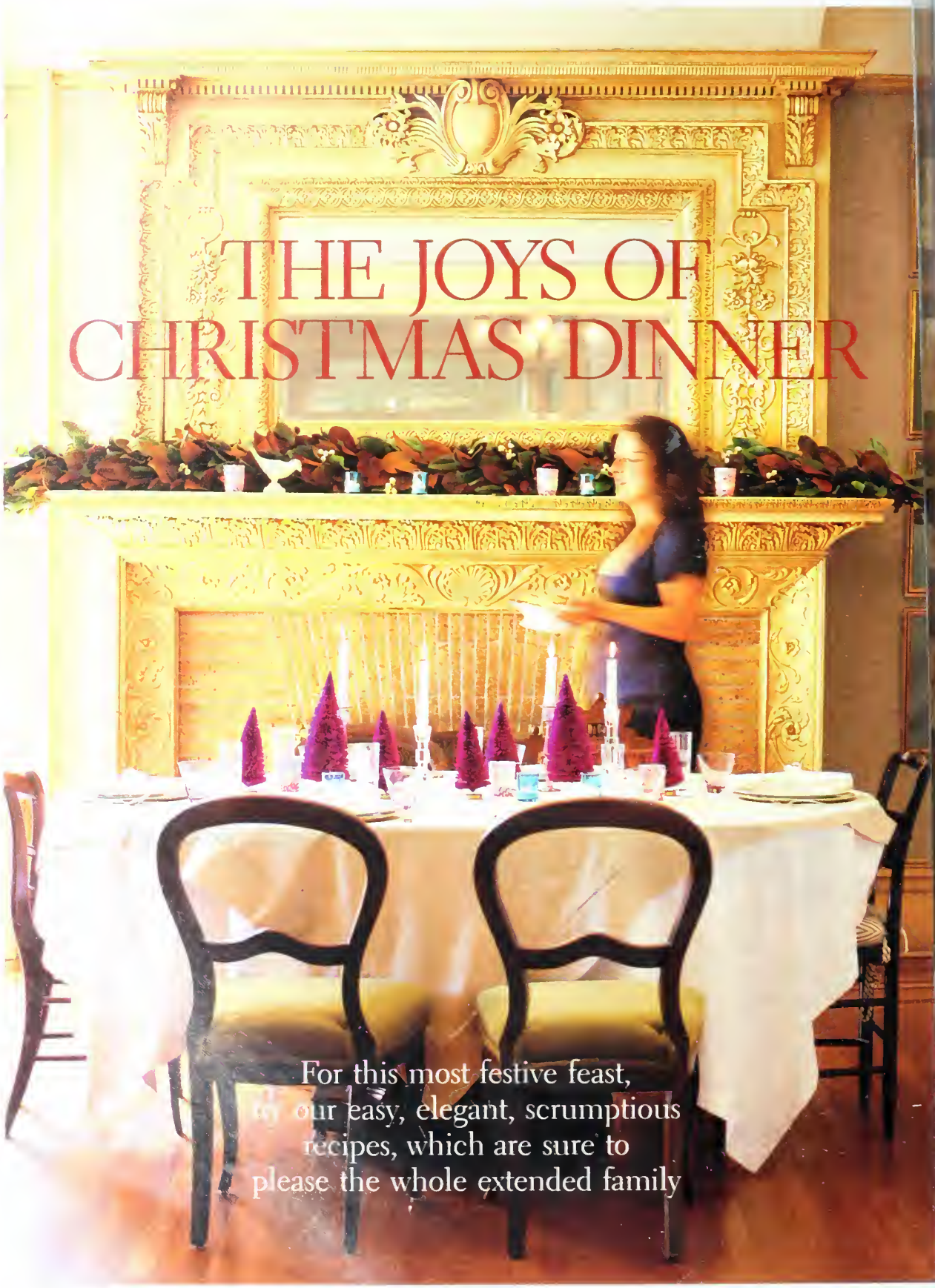


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THE JOYS OF CHRISTMAS DINNER

For this most festive feast, our easy, elegant, scrumptious recipes, which are sure to please the whole extended family



Crusted with pecans, the Crown Roast of Pork With Corn Bread Stuffing and Port Wine Gravy

PHOTOGRAPHS BY SANG AN
RECIPES AND FOOD STYLING BY LORI POWELL
TEXT BY STEPHANIE EMMA PFEFFER

Lambrusco Rhubarb Cocktails start the celebration (below). Side dishes include Roasted Cauliflower and Red Bell Pepper in a Warm Caper Vinaigrette and Sautéed Spinach With Nutmeg and Cream (bottom)



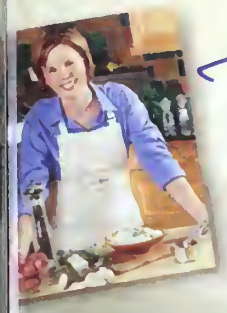




Food is certainly one of the highlights of Christmas, and the presentation of your feast can enhance the culinary experience. That's why, this year, we start the festivities with drinks and appetizers that capture the holiday hues of red and green, including sparkling, berry-colored Lambrusco Rhubarb Cocktails and Smoked Chicken, Apple and Blue Cheese on Celery. But the most impressive present of all is the Crown Roast of Pork With Corn Bread Stuffing and Port Wine Gravy. The butcher does most of the prep work and the stuffing can be made a day ahead, leaving you more time to spend with company. For a festive finale, our Snowy Coconut Cake With Pineapple Lime Cream Cheese Filling is as fluffy and white as the snowflakes outside your window. Check out our kitchen cues for other dishes that can be prepared in advance so you can fully enjoy the holiday, too.

CONTINUED

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Audrey Lee, Seattle
Passionate Cook

They loved my rice! From now on, it's Swanson broth instead of water for all my recipes.



Broth Simmered Rice
Prep/Cook Time: 25 min.

1 can (14 oz.) Swanson chicken broth (1 3/4 cups)

3/4 cup uncooked regular long-grain white rice

- Heat broth in saucepan to a boil
- Stir in rice.
- Cover and cook over low heat 20 min. or until done. Serves 4.



Swanson® Broth. Replace water with flavor.



This dreamy Snowy Coconut Cake is garnished with large unsweetened coconut flakes (available at N.Y. Cake and Baking Center, 800-942-2539) and sugared fresh red currants

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Follow the Sun



Smoked Chicken, Apple and Blue Cheese on Celery, and Shrimp and Pistachio Cream Toasts

Lambrusco Rhubarb Cocktails

MAKES 4 DRINKS
Prep time: 10 min **Total time:** 35 min

Kitchen cue: The tart rhubarb syrup is the perfect complement to the sweet red sparkling wine.

- 5 cups (20 oz) frozen cut rhubarb
- 1/3 cup sugar plus additional for rimming glasses
- 2 cups water
- 1 bottle (750 ml) Lambrusco sparkling wine, chilled
- Frozen skewered small red seedless grapes for garnish

◆ Bring rhubarb, sugar and water to a boil in a 3-quart saucepan. Simmer mixture, covered, stirring occasionally, for 20 minutes. Pour mixture through a fine-mesh sieve set over a bowl, pressing on solids before discarding them, and let cool.
◆ Rub rims of champagne flutes with a finger dipped in water. Dip rims into a shallow bowl of sugar until just coated.
◆ Spoon 1/3 cup of rhubarb syrup into each of four flutes and top with about 6 oz Lambrusco. Garnish with grapes, if desired.

Per serving: 220 calories, 0 total fat, 0 sat fat, 14 mg sodium, 25 g carbs, 120 mg calcium, 0 chol, 1 g protein, 0 fiber

Shrimp and Pistachio Cream Toasts

MAKES 32 TOASTS
Prep time: 45 min **Total time:** 55 min

Kitchen cue: You can make the pistachio cream a day ahead, then cover and chill. Bring to cool room temperature for easy spreading.

- 8 slices firm white sandwich bread
- 2 tablespoons plus 2 teaspoons olive oil
- 1/2 cup shelled pistachios, toasted and chopped
- 1 tablespoon sour cream
- 2 1/2 tablespoons heavy cream
- 1 tablespoon lime juice, plus additional for drizzling
- 1/4 cup chopped fresh cilantro sprigs
- 2 tablespoons chopped fresh flat-leaf parsley
- 1/4 teaspoon ground cumin
- 16 cleaned and deveined large shrimp (about 1/2 lb), halved horizontally
- 1/2 teaspoon curry powder, optional

◆ Preheat oven to 400°F.
◆ Cut bread out with a square biscuit cutter into thirty-two 1 1/2-inch squares; discard scraps. Brush tops of bread with 1 tablespoon oil and arrange in one layer on a sheet pan. Toast bread in middle of oven, turning once, until golden brown, about 5 minutes. Transfer toasts to a rack to cool.
◆ Pulse pistachios, sour cream, heavy cream, juice, herbs, cumin and 2 teaspoons oil in a food processor until finely chopped (it will form a paste and pale green in color). Transfer mixture to a bowl and season with salt and pepper to taste.
◆ Heat remaining 1 tablespoon oil in a large nonstick skillet until hot but not smoking and sauté shrimp with curry powder, if using, and salt and pepper to taste until golden brown and just cooked through, about 1 minute.
◆ Spread toasts with a teaspoon of pistachio cream and top with a shrimp half. Drizzle with additional lime juice to taste.

Per serving (2 toasts): 80 calories, 5.5 g total fat, 1 g sat fat, 51 mg sodium, 4 g carbs, 22 mg calcium, 25 mg chol, 4 g protein, 1 g fiber

Smoked Chicken, Apple and Blue Cheese on Celery

MAKES 32 APPETIZERS
Prep time: 45 min
Total time: 45 min

Kitchen cue: Celery ribs can be cut a day ahead and kept in a bowl of water, covered and chilled. Drain and pat celery dry before using.

- 4 large celery ribs plus celery leaves for garnish
- 1 red apple
- 1/3 cup shredded smoked chicken breast
- 3 tablespoons crumbled blue cheese, such as Maytag
- 2 tablespoons mayonnaise
- 1 1/2 tablespoons fresh lemon juice

◆ Remove a thin strip from back of each celery rib with a sharp knife to create a flat bottom. Cut celery ribs diagonally crosswise into thirty-two 1/4-inch-long pieces.
◆ Halve apple lengthwise and core. Slice apple into 1/8-inch-thick slices, then cut enough slices into 1-inch-long matchsticks to measure 1/2 cup. Gently fold apple together with remaining ingredients in a medium bowl until just combined. Season with salt and pepper to taste.
◆ Top each piece of celery with a mound of apple mixture and garnish with celery leaves.

Per serving (2 appetizers): 25 calories, 2 g total fat, 0.5 g sat fat, 56 mg sodium, 1 g carbs, 14 mg calcium, 4 mg chol, 1 g protein, 0 fiber

CONTINUED

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JOY

can be shared in small sweet ways

CARAMEL PECAN TURTLES

MAKES 5 DOZEN

CUP **CRISCO**® OR 1 **CRISCO** STICK
0 GRAMS TRANS FAT, BUTTER, OR REGULAR)
1/2 CUPS SUGAR
/2 CUP BROWN SUGAR
2 TBSP MILK
3 EGGS
1 TSP VANILLA
4 TO 5 CUPS FLOUR
1 1/2 TSP BAKING SODA
1 1/2 TSP CREAM OF TARTAR
1 TSP SALT

ARAMEL AND CHOCOLATE TOPPING
8 CARAMELS
2 TBSP MILK
3 CUPS PECAN HALVES
1 6 OZ BAG SEMI-SWEET CHOCOLATE CHIPS

REAM **CRISCO** SHORTENING & SUGARS TOGETHER. ADD MILK. BEAT IN EGGS ONE AT A TIME; ADD VANILLA. COMBINE FLOUR, AKING SODA, CREAM OF TARTAR & SALT. MIX INTO CREAMED MIXTURE. CHILL ONE HOUR. HEAT OVEN TO 350°. ROLL OUT 1/3 F DOUGH AT A TIME, TO 1/4" THICKNESS ON A FLOURED SURFACE. CUT OUT WITH 2¼" COOKIE CUTTERS. PLACE 2" APART ON NGREASED BAKING SHEET. BAKE 5-6 MINUTES, UNTIL EDGES ARE SLIGHTLY GOLDEN. REMOVE TO COOLING ACK. FOR TOPPING, COMBINE CARAMELS & MILK IN MICROWAVE-SAFE BOWL. COVER WITH WAXED APER. MICROWAVE AT 50% FOR 1 MINUTE. STIR, REPEAT UNTIL SMOOTH (OR MELT ON RANGE TOP IN MALL SAUCEPAN ON VERY LOW HEAT). DROP ROUNDED TEASPOONFULS ON TOP OF EACH COOKIE. LACE 3 PECAN HALVES AROUND EDGE OF CARAMEL. PLACE CHOCOLATE CHIPS IN MICROWAVE-AFE CUP. MICROWAVE AT 50% FOR 1 MINUTE. STIR. REPEAT UNTIL SMOOTH (OR MELT ON RANGE TOP IN SMALL SAUCEPAN ON VERY LOW HEAT). SPREAD ROUNDED TEASPOONFULS VER TOP OF CARAMEL. DON'T COVER PECANS. COOL COMPLETELY.



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Crown Roast of Pork With Corn Bread Stuffing and Port Wine Gravy

SERVES 8

Prep time: 1 hr 10 min **Total time:** 5 hrs 10 min

Kitchen cue: Order your crown roast of pork from a butcher as described below. We removed the paper frills the butcher put on the rib tips since we like ours to brown. Stuffing can be made 1 day ahead, then stored, chilled, in an airtight container.

- 2 tablespoons olive oil
- 1 cup pecans
- ¾ cup chopped scallions
- ⅓ cup chopped fresh flat-leaf parsley
- 1½ tablespoons minced garlic
- 1 tablespoon finely grated fresh lemon zest
- 1 sixteen-rib crown roast of pork, rib ends frenched by 1 inch, about 6½ to 7 lbs
- 3 cups Corn Bread Stuffing (recipe follows)
- ½ cup chicken broth
- ¾ cup ruby port
- ¾ cup heavy cream
- 1 tablespoon Dijon mustard

◆ Heat oil in a medium nonstick skillet over moderately high heat until hot but not smoking and toast pecans, stirring, until golden, about 3 minutes. Transfer nuts with oil to a food processor and pulse with scallions, parsley, garlic and lemon zest until a coarse paste forms. Season with salt and pepper to taste.

◆ Preheat oven to 450°F.

◆ Arrange pork, rib sides up, in oiled roasting pan and, with hands, spread pecan paste onto outside of middle of crown roast, pressing to adhere. Season cavity with salt and pepper to taste. Mound stuffing loosely in cavity and cover loosely with a round of foil.

◆ Roast pork in lower third of oven for 20 minutes. Reduce oven temperature to 350°F. Continue to roast pork until an instant-read thermometer registers 155°F when inserted 2 inches into thickest part of meat, being careful not to touch bone, about 2¼ to 2½ hours (if pecan crust is getting too dark, cover sides with a ring of foil). Transfer roast to a platter and let stand, covered loosely with foil, for 15 minutes (temperature of meat should rise to 160°F).

◆ Skim fat from pan drippings in roasting pan and straddle pan over 2 burners. Add broth and bring to a boil over moderately high heat, scraping up any brown bits. Carefully pour mixture through a fine sieve set over a 1½-quart saucepan, discarding solids. Add port and simmer mixture until reduced to 1 cup, about 15 minutes. Stir in cream and boil mixture until reduced to 1½ cups, about 5 minutes. Whisk in mustard and salt and pepper to taste. Remove foil from pork and carve into chops by cutting between ribs. Serve pork and stuffing with gravy.

Per serving: 805 calories, 54.5 g total fat, 20 g sat fat, 402 mg sodium, 22 g carbs, 119 mg calcium, 194 mg chol, 56 g protein, 2 g fiber

Corn Bread Stuffing

SERVES 8

Prep time: 45 min **Total time:** 1¾ hrs

Kitchen cue: Bake stuffing in lower third of oven while pork is resting and vegetables are reheating.

For Corn Bread:

- ¾ cup all-purpose flour
- 1¼ cups yellow cornmeal
- 2 tablespoons sugar
- 1 teaspoon baking powder
- 1 teaspoon baking soda
- 1 teaspoon salt
- 2 large eggs
- 1 cup buttermilk
- ¼ cup unsalted butter, melted

For Stuffing:

- ¼ cup ruby port
- 1 cup quartered, pitted dried prunes
- ½ cup chopped dried apricots
- 6 tablespoons unsalted butter, plus additional for pan
- 1 cup chopped celery
- 1 cup chopped onion
- 1 tablespoon finely chopped fresh rosemary
- 1 tablespoon finely chopped fresh thyme
- 1 cup chicken broth

◆ *Make Corn Bread:* Preheat oven to 425°F and butter an 8- x 8-inch glass baking dish.

◆ Whisk together flour, cornmeal, sugar, baking powder, baking soda and salt in a large bowl. Beat together eggs, buttermilk and butter in a medium bowl. Stir egg mixture into flour mixture until just combined. Pour batter into prepared dish, smoothing top.

◆ Bake corn bread in middle of oven until golden and a tester inserted in center comes out clean, about 15 minutes. Cool corn bread in dish on a rack. Invert corn bread onto a cutting board and halve bread horizontally. Cut bread into ½-inch cubes.

◆ *Make Stuffing:* Simmer port with ¼ cup water, prunes and apricots, covered, in a small saucepan, stirring occasionally until fruit softens and liquid is CONTINUED ON PAGE 134

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May/*Emerald*	November/*Blue Topaz*
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Shown actual size
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Peppermint Dark Chocolate Bark

absorbed, about 5 minutes. Let mixture cool, uncovered.

◆ Melt butter in a large skillet over moderately high heat until melted. Cook celery, onion and herbs, stirring occasionally, until softened, about 5 minutes. Transfer vegetables to a large bowl and let cool. Add dried fruit mixture and corn bread cubes and toss, seasoning with salt and pepper to taste, until just combined.

◆ Reserve 3 cups of stuffing to fill cavity of crown roast. Transfer remaining stuffing to a buttered shallow 2½-quart ceramic baking dish. Drizzle stuffing in dish with broth.

◆ While crown roast is resting, bake stuffing in dish, uncovered, in lower third of oven at 400°F until top is golden brown, about 20 minutes.

Per serving: 275 calories, 12 g total fat, 7 g sat fat, 513 mg sodium, 38 g carbs, 83 mg calcium, 68 mg chol, 5 g protein, 3 g fiber

Roasted Cauliflower and Red Bell Pepper in a Warm Caper Vinaigrette

SERVES 8

Prep time: 25 min **Total time:** 50 min

Kitchen cue: Vegetables can be roasted in the morning and left at room temperature, loosely covered. Reheat in upper third of oven while stuffing is baking, about 8 minutes, just before tossing with vinaigrette.

- 3 tablespoons red wine vinegar
- 1 tablespoon Dijon mustard
- 9 tablespoons extra-virgin olive oil
- 2 tablespoons drained bottled capers, coarsely chopped
- 2 large heads cauliflower (about 4¾ lbs), cut into 1½-inch florets
- 3 red bell peppers, cut into strips
- ¼ cup caper berries for garnish, optional

◆ Preheat oven to 400°F.

◆ Whisk together vinegar and mustard in a large serving bowl with salt and pepper to taste. Add 6 tablespoons oil in a slow stream, whisking until thickened and emulsified. Stir in capers.

◆ Divide cauliflower and peppers and remaining 3 tablespoons oil between 2 sheet pans. Toss vegetables together until coated with oil and season with salt and pepper to taste.

◆ Roast vegetables in upper and lower thirds of oven, stirring occasionally, switching position of pans halfway through baking, until golden brown and tender, about 25 minutes.

◆ Transfer hot vegetables to serving bowl, tossing to coat with vinaigrette.

Per serving: 170 calories, 16 g total fat, 2.5 g sat fat, 156 mg sodium, 7 g carbs, 32 mg calcium, 0 chol, 2 g protein, 3 g fiber

Sautéed Spinach With Nutmeg and Cream

Serves 8

Prep time: 10 min **Total time:** 15 min

Kitchen cue: This will look like a huge amount of spinach in the beginning, but keep in mind that spinach wilts dramatically once cooked.

- 2 tablespoons unsalted butter
- 25 oz (five 5-oz bags) baby or regular spinach, tough ends trimmed
- 2 tablespoons heavy cream
- Scant ½ teaspoon finely grated fresh nutmeg

◆ Heat butter in a 5-quart pot over moderate heat until melted. Add spinach in batches, stirring constantly, until just starting to wilt, about 2 minutes. Add cream and nutmeg and simmer, stirring, for 30 seconds. Transfer spinach with cream sauce to a serving bowl and season with salt and pepper to taste.

Per serving: 75 calories, 4 g total fat, 2.5 g sat fat, 149 mg sodium, 9 g carbs, 59 mg calcium, 13 mg chol, 2 g protein, 5 g fiber

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Snowy Coconut Cake With Pineapple Cream Cheese Filling

Serves 8 to 10
Prep time: 1 hrs **Total time:** 2 hrs 10 min

Kitchen cue: Cake layers can be made 2 days ahead and kept at cool room temperature wrapped well in plastic. The entire cake can also be made and assembled 1 day ahead, stored in a cake keeper and refrigerated. Bring cake to cool room temperature before serving.

For Cake Layers:

- 1 cup unsalted butter, softened, plus additional for pans
- 3 cups cake flour, plus additional for pans
- 1 tablespoon baking powder
- 1 teaspoon salt
- 1 cup cream of coconut
- ¼ cup whole milk
- 1 teaspoon vanilla extract
- ½ teaspoon coconut extract
- 1¼ cups granulated sugar
- 2 large whole eggs
- 3 large egg whites

For Frosting and Filling:

- 12 oz cream cheese, not whipped
- ¾ cup unsalted butter, softened
- 1 tablespoon finely grated fresh lime zest
- 2½ cups confectioners' sugar
- ½ cup chopped, drained, canned pineapple chunks
- 5½ oz unsweetened or sweetened flaked coconut

◆ *Make Cake:* Preheat oven to 325°F and line the bottom of 2 buttered 9 x 2-inch round cake pans with parchment. Butter paper and dust pans with flour, knocking out excess flour.

◆ Whisk together flour, baking powder and salt in a medium bowl.

◆ Whisk together cream of coconut, milk and extracts in a bowl.

◆ Beat together butter and granulated sugar in a large bowl with an electric mixer on high speed until fluffy, about 3 minutes. Add whole eggs and egg whites, 1 at a time, beating well after each addition, until combined well. On low speed, beat in flour mixture and cream of coconut mixture alternately in batches, beginning and ending with flour mixture, until just combined (do not overbeat).

◆ Pour batter evenly into the prepared cake pans (about 2¾ cups per pan) and smooth tops. Bake cake layers in middle of oven until golden and a cake tester inserted in centers comes out clean, 35 to 40 minutes. Transfer pans to racks and let cool for 5 minutes. Run a small knife around edges of pans and invert layers onto racks. Peel off paper, then reinvert layers right side up and cool.

◆ *Make Frosting and Filling:* Beat cream cheese in a large bowl with an electric mixer until fluffy. Beat in butter and lime zest until smooth. Slowly beat in confectioners' sugar on low speed until smooth for frosting. Transfer 1 cup of frosting to a bowl and fold in pineapple for filling.

◆ Place 1 cake layer on a serving platter and spread top evenly with filling. Refrigerate until firm, about 20 minutes. Top with second layer, then spread top and sides with frosting. Chill cake until frosting is slightly firm. Coat top and sides of cake evenly with coconut flakes.

Per serving (when cut into 10 slices): 945 calories, 57 g total fat, 37.5 g sat fat, 580 mg sodium, 102 g carbs, 143 mg calcium, 170 mg chol, 2 g protein, 2 g fiber

Peppermint Dark Chocolate Bark

Serves 8
Prep time: 25 min plus chilling **Total time:** 30 min

Kitchen cue: Peppermint Bark can be made 2 days ahead, then stored between sheets of waxed paper in an airtight container, chilled.

- 1 lb bittersweet chocolate, not unsweetened, chopped
- 6 oz peppermint candy

◆ Melt half of chocolate in metal bowl set over a saucepan of simmering water, stirring constantly, until just melted. Remove pan from heat and fold in remaining chocolate until just melted. Remove bowl from pan and let stand until cooled to room temperature but still spreadable.

◆ Place candies in center of a towel and gather up sides to make a pouch. Turn towel so that gathered end is to one side. Crush candy slightly with a hammer. Transfer to a food processor and pulse until chopped. Transfer chopped candy to a wire-mesh colander or sieve set over a bowl. Shake colander to remove bits of candy from chopped ones. Fold chopped candy into cooled chocolate and discard bits.

◆ Line a sheet pan with foil and spread peppermint chocolate onto foil evenly. Chill peppermint chocolate until firm and break into pieces. Stack pieces on a serving plate.

Per serving: 130 calories, 7 g total fat, 4 g sat fat, 5 mg sodium, 19 g carbs, 10 mg calcium, 0 chol, 1 g protein, 0 fiber

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Heavenly Cookies

Gingerbread Family (below) and Espresso Meringue Bites (opposite page)



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RECIPES AND FOOD STYLING BY LORI POWELL
PROP STYLING BY JAMES LELAND DAY



Lacy Chocolate Cranberry Orange Wafers



Bejeweled Biscotti and Snowflake Sugar Cookies

Brownie Truffles



Holly Leaf Linzer Cookies



Holly Leaf Linzer Cool

MAKES ABOUT 17 LARGE SANDWICHES
Prep time: 1½ hrs **Total time:** 2 hrs 5 min plus chilling

- ½ cup toasted, salted, skinned hazelnuts
- ½ cup granulated sugar
- 2 cups all-purpose flour
- ½ teaspoon ground cinnamon
- ½ teaspoon finely grated fresh nutmeg
- 1 cup unsalted butter, softened
- 1 teaspoon finely grated fresh lemon zest
- 1 large egg yolk
- ¾ cup seedless raspberry jam

Confectioners' sugar for dusting

◆ Pulse hazelnuts and ¼ cup sugar in a food processor until finely ground. Transfer to a medium bowl and whisk in flour, cinnamon and nutmeg.
◆ Beat together butter, remaining ¼ cup sugar and lemon zest in a bowl with an electric mixer until light and fluffy, about 3 minutes. Add egg yolk and beat until incorporated. Slowly add flour mixture and continue to beat on low speed until just combined.
◆ Turn dough out onto a lightly floured surface and knead until it just comes together. Quarter and form into disks. Wrap each in plastic and chill until firm, about 2 hours.
◆ Preheat oven to 350°F and line 1 large cookie sheets with parchment.
◆ Roll separately 2 disks of dough between 2 sheets of waxed paper until ⅛ inch thick (if dough is too soft at any point, re-chill until firm). Cut out holly leaves with a 4½-inch cookie cutter, then cut out 3 small holes with tip of a plain round pastry tip (about ¼ inch in diameter) for berries at one end of cookies to make top halves of sandwiches. Transfer cutouts to prepared cookie sheets and chill until firm. Gather scraps of dough into a disk and re-chill until firm. Reroll scraps and chill and cut in same manner to make a total of 17 top halves. Keep chilled.
◆ Repeat with remaining dough and scraps in same manner to create 17 bottoms of cookies, but do not punch out holes for berries.
◆ Bake cookies, in batches, in upper and lower thirds of oven, switching position of sheets halfway through baking, until golden brown, about 12 minutes. Transfer cookies on sheet to a wire rack to cool completely. Transfer cookie bottoms (without holes) with a metal spatula to a platter, right side up, and spread each with 2 teaspoons of jam. Top each with remaining cookie tops (with berry cutouts), right side up, and press gently together. Dust tops of cookies with confectioners' sugar.
◆ Cookies will keep for 1 week in single layers between sheets of waxed paper in an airtight container at cool room temperature. Cookies will soften with time due to the jam and buttery dough.

Per cookie: 295 calories, 13.5 g total fat, 7 g sat fat, 42 mg sodium, 42 g carbs, 17 mg calcium, 42 mg chol, 2 g protein, 1 g fiber

Gingerbread Family

MAKES ABOUT 3 DOZEN COOKIES INCLUDING SMALL AND LARGE
Prep time: 1 hr **Total time:** about 1 hr 20 min plus chilling

- 3 cups all-purpose flour
- 2½ teaspoons ground ginger
- 1 teaspoon cinnamon
- 1 teaspoon baking soda
- ¾ teaspoon fresh-ground nutmeg
- ½ teaspoon salt
- 1 cup packed dark brown sugar
- 1 cup unsalted butter, softened
- 2 large egg yolks
- 6 tablespoons unsulphured molasses

◆ Whisk together flour, ginger, cinnamon, baking soda, nutmeg and salt in a medium bowl.
◆ Sift brown sugar into a large bowl and beat in butter with an electric mixer until fluffy. Add egg yolks, beating, 1 at a time until well combined. Beat in molasses until combined well. Slowly add flour mixture, beating on low speed until just combined.
◆ Turn dough out onto a lightly floured surface and knead until it just comes together. Quarter and form into disks. Wrap each in plastic and chill until firm, about 1 hour.
◆ Preheat oven to 350°F and line 4 large cookie sheets with parchment.
◆ Roll 1 disk of dough between 2 sheets of waxed paper until ¼ inch thick. Cut out gingerbread family with cookie cutters (if dough is too soft at any point, re-chill until firm), gather scraps of dough into a disk and re-chill until firm. Transfer cutouts to prepared cookie sheets and chill until firm. Repeat rolling, cutting, and chilling remaining dough and dough scraps in same manner.
◆ Bake cookies, in batches, in upper and lower thirds of oven until golden brown, 10 to 12 minutes. Transfer cookies on sheets to a wire rack to cool until firm.
◆ Cookies will keep for 3 weeks stored between sheets of waxed paper in an airtight container.

Per 1 large or 2 small cookies: 180 calories, 8 g total fat, 5 g sat fat, 108 mg sodium, 25 g carbs, 26 mg calcium, 38 mg chol, 2 g protein, 0 fiber

Lacy Chocolate Cranberry Orange Wafers

MAKES ABOUT 3 DOZEN WAFERS
Prep time: 50 min **Total time:** about 2 hrs

- 1½ cups blanched whole almonds, toasted and cooled
- ½ cup dried sweetened cranberries or cherries
- 3 tablespoons all-purpose flour
- 1 tablespoon finely grated fresh orange zest
- 6 tablespoons unsalted butter, cut into pieces
- ½ cup sugar
- ⅓ cup heavy cream
- 6 oz bittersweet chocolate (not unsweetened), finely chopped

◆ Pulse almonds in a food processor until very finely ground (do not overprocess, or nuts will turn into butter). Transfer to a bowl. Add cranberries with flour to processor and grind until cranberries are very finely chopped. Add to bowl with zest.
◆ Preheat oven to 350°F and line 4 large cookie sheets with parchment.
◆ Melt butter with sugar and cream over moderate heat, stirring, until smooth and slightly

CONTINUED

thickened. Bring mixture just to a boil over moderate heat, stirring. Remove pan from heat and stir in almond mixture until just combined. Immediately spoon scant tablespoons about 4 inches apart onto prepared sheets and with the back of a wet teaspoon, or finger, spread batter into 2½-inch rounds.

◆ Bake wafers in batches in middle of oven until a rich golden brown, about 8 minutes. Transfer pans to racks to cool (cookies will crisp once cool) until firm enough to be lifted, about 2 minutes. Carefully transfer wafers with a metal spatula to racks to cool.

◆ Melt half of chocolate in a metal bowl set over a saucepan of simmering water, stirring until smooth. Remove bowl from pan and add remaining chocolate. Let stand for 3 minutes. Whisk chocolate until smooth.

◆ Fill a small sturdy resealable plastic bag with melted chocolate. Push chocolate to one corner of bottom of bag and snip that corner to make a small opening through which to pipe chocolate. Pipe chocolate in a zigzag motion across top of each cookie and transfer to a parchment-lined tray. Chill cookies until chocolate is firm, about 5 minutes.

◆ Wafers will keep for 1 week stored between sheets of waxed paper in an airtight container at room temperature.

Per cookie: 90 calories, 7 g total fat, 2.5 g sat fat, 2 mg sodium, 7 g carbs, 18 mg calcium, 7 mg chol, 2 g protein, 1 g fiber

Bejeweled Biscotti

MAKES ABOUT 5 DOZEN COOKIES

Prep time: 55 min **Total time:** about 1 hr 40 min plus cooling

- 2¼ cups all-purpose flour
- ¾ teaspoon salt
- ½ teaspoon baking powder
- ½ teaspoon baking soda
- 3 large whole eggs
- 1 tablespoon finely grated fresh orange zest
- 1 cup granulated sugar
- 1 teaspoon vanilla extract
- ¾ cup dried sweetened cranberries
- ½ cup finely diced dried apricots
- ¾ cup shelled pistachios, coarsely chopped
- 1 large egg white, lightly beaten
- ¼ cup white sanding sugar

◆ Preheat oven to 325°F and butter 2 large cookie sheets.

◆ Whisk together flour, salt, baking powder and baking soda in a bowl.

◆ Beat eggs with zest with an electric mixer on high speed for 2 minutes in another bowl. Slowly add granulated sugar on low speed until combined well. Beat in vanilla. Add flour mixture in 2 batches on low speed until just combined. Stir in dried fruit and nuts until combined.

◆ Divide dough into quarters. With floured hands on cookie sheets form each quarter (2 per sheet) into a 9- x 2-inch log. Bake in upper and lower thirds of oven, switching position of sheets halfway through baking, until pale golden on bottom, about 20 minutes. Keeping oven on, transfer logs on cookie sheets to wire racks to cool for 20 minutes.

◆ Carefully transfer a log to a cutting board and with a sharp knife cut biscotti diagonally into ⅓-inch-thick slices, keeping log together. Brush top of log with some of the egg white and sprinkle with sanding sugar. Transfer pieces a cut side down in one layer onto cookie sheet. Repeat cutting and brushing in same manner with remaining logs.

◆ Bake cookies again, in upper and lower thirds of oven, until pale golden on underside, about 10 minutes. Turn cookies and bake until pale golden on underside and crisp, about 10 more minutes. Transfer to wire racks to cool.

◆ Biscotti will keep for 3 weeks stored in single layers between sheets of waxed paper in an airtight container.

Per cookie: 60 calories, 1.5 g total fat, 0.5 g sat fat, 54 mg sodium, 11 g carbs, 8 mg calcium, 12 mg chol, 1 g protein, 0 fiber

Snowflake Sugar Cookies

MAKES ABOUT 4 DOZEN LARGE SNOWFLAKE COOKIES

Prep time: 1 hr **Total time:** about 1 hr 20 min plus chilling

Kitchen cue: If your kitchen is warm and your dough is getting too soft, simply CONTINUED



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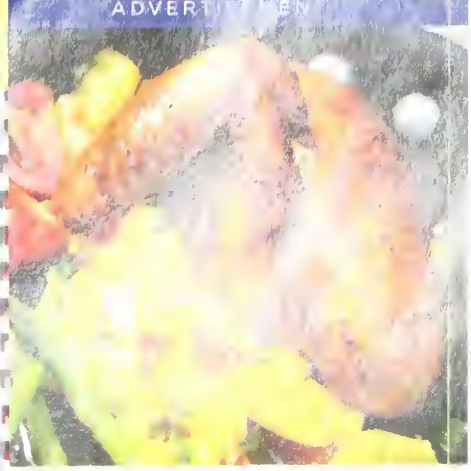
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Sautéed Chicken and Mango Salsa

Serves 2 to 4

INGREDIENTS:

- 2 cups College Inn® chicken broth
- 1 whole chicken, quartered
- 1 lb asparagus
- 2 tomatoes, quartered
- 2 tbsp olive oil

INSTRUCTIONS:

1. Place olive oil into large sauté pan, add chicken and cook on both sides until well browned. 2. Add College Inn® chicken broth to chicken and simmer until almost all chicken broth is gone (about ½ cup). 3. Add asparagus, tomatoes and salsa to the pan and cook until all ingredients are tender. 4. Add salt and pepper to taste.

Mango Salsa

INGREDIENTS:

- 2 soft mangos, diced
- 1 cup pineapple
- 1 12 oz jar of your favorite salsa
- ½ cup green onion
- 1 each red, yellow and green pepper, diced

Salt and pepper to taste

INSTRUCTIONS:

Mix all ingredients together and enjoy.

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roll the dough out between sheets of waxed paper to avoid sticking.

- 5 cups all-purpose flour
- 1 teaspoon baking powder
- 1 teaspoon salt
- 2 cups unsalted butter, softened
- 1⅓ cups superfine sugar
- 2 large whole eggs
- 1 tablespoon vanilla extract
- 2 large egg whites, lightly beaten
- 1 cup white sanding sugar

• Whisk together flour, baking powder and salt in a medium bowl. Beat together butter and superfine sugar in a large bowl with an electric mixer until light and fluffy. Add whole eggs 1 at a time until well combined. Beat in vanilla, then on low speed slowly add flour mixture until just combined.
• Turn dough out onto a lightly floured surface and knead until it just comes together. Quarter dough and form into disks. Wrap each in plastic and chill until firm, about 1 hour.
• Preheat oven to 350°F and butter 4 large cookie sheets.
• Roll 1 disk of dough on a lightly floured surface with floured rolling pin until ¼ inch thick. Cut out dough with 5-inch snowflake cookie cutter, gather scraps of dough into a disk and re-chill until firm. Transfer cutouts to waxed paper–lined sheets and chill until firm, about 15 minutes. Brush tops of cookies with egg white and sprinkle with sanding sugar (this will keep excess sanding sugar off your baking sheets). Chill dough again if necessary. Carefully remove cookies from waxed paper to prepared cookie sheets and chill until firm, about 15 minutes. Repeat rolling, cutting and chilling remaining dough and dough scraps in same manner.
• Bake cookies, in batches, in upper and lower thirds of oven, switching position of sheets halfway through baking, until pale golden, 10 to 12 minutes. Transfer cookies on sheet to a wire rack to cool for about 2 minutes or until firm. Transfer cookies with a metal spatula to wire racks to cool completely.
• Cookies will keep for 3 weeks stored between sheets of waxed paper in an airtight container.

Per cookie: 155 calories, 8.5 g total fat, 5 g sat fat, 65 mg sodium, 18 g carbs, 11 mg calcium, 30 mg chol, 2 g protein, 0 fiber

Espresso Meringue Bites

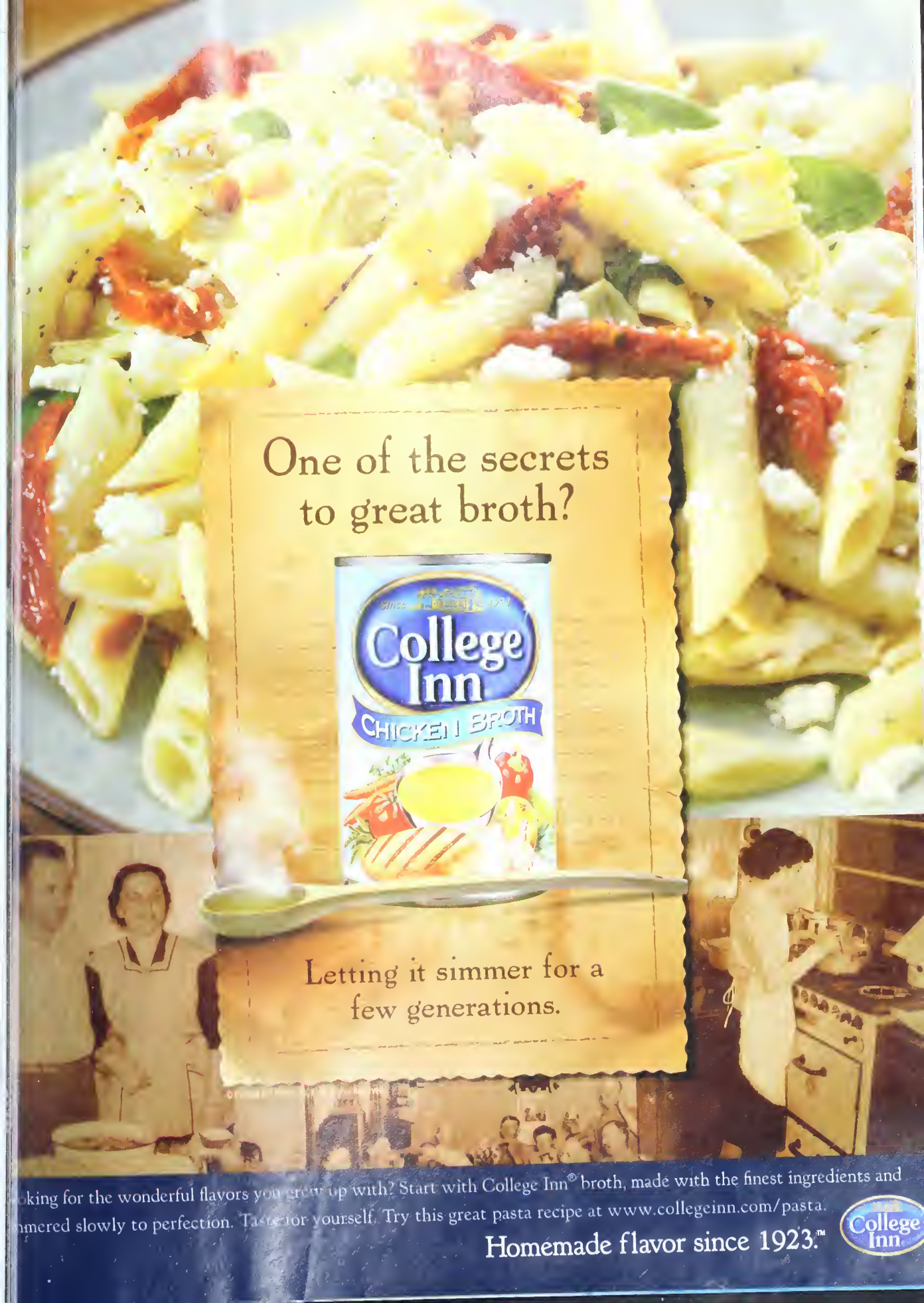
MAKES 65 BITES

Prep time: 30 min **Total time:** 3½ hrs plus cooling

- 1 teaspoon espresso powder
- ½ teaspoon vanilla extract
- 4 large egg whites at room temperature
- ⅛ teaspoon cream of tartar
- 1 cup superfine sugar
- 1 tablespoon unsweetened cocoa powder (not Dutch process)

• Preheat oven to 200°F and line 2 large cookie sheets with parchment.
• Whisk together espresso powder and 1 tablespoon boiling water. Let mixture cool and stir in vanilla.
• Beat egg whites with a pinch of salt in a large metal bowl with an electric mixer on medium speed until foamy. Add cream of tartar and beat on high speed just until stiff peaks form. Slowly add sugar, beating constantly on high speed, until whites hold stiff glossy peaks. Gently fold in cocoa powder until almost combined and then espresso mixture until just combined.
• Fill a large pastry bag fitted with a ½-inch-wide star tip. Spoon half of meringue into bag and pipe 1-inch-wide kisses onto baking sheets about ½ inch apart. Repeat with remaining meringue in same manner.
• Bake bites in upper and lower thirds of oven, switching positions halfway through baking, until crisp, about 2 hours. Turn oven off and let bites stand in oven for 1 hour. Transfer bites on parchment to wire racks to cool completely. Once cool, carefully peel meringues from paper.
• Cookies will keep for 3 weeks stored between sheets of waxed paper in an airtight container.

CONTINUED


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Chocolate Dunk Cookies

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Prep: 15 minutes Bake: 1[illegible]

1¾ cups flour
¼ teaspoon baking soda
¼ teaspoon salt
1 pkg. (8 squares) BAKER'S* Semi-Sweet Baking Chocolate, divided
½ cup (1 stick) margarine, softened
½ cup firmly packed brown sugar
½ cup SPLENDA No Calorie Sweetener, Granular
1 egg
1 teaspoon vanilla
1 cup chopped walnuts

PREHEAT oven to 375°F. Mix flour, baking soda and salt; set aside. Coarsely chop 5 of the chocolate squares; set aside.

BEAT margarine, brown sugar and SPLENDA Granular in large bowl with electric mixer on medium speed until light and fluffy. Add egg and vanilla; mix well. Gradually add flour mixture, beating until blended. Stir in chopped chocolate and walnuts. Drop heaping tablespoonfuls of dough, 2 inches apart, onto ungreased baking sheets.

BAKE 11 to 12 minutes or until lightly browned. Cool one minute; remove from baking sheets. Cool completely on wire racks.

MELT remaining 3 chocolate squares in microwave as directed on package. Dip one half of each cookie into melted chocolate. Place in single layer on wax paper covered plates. Let stand until chocolate is set.

Nutrients Per Serving: Serving Size: One Cookie. Total Calories 120, Calories from Fat 70, Total Fat 8g, Saturated Fat 2g, Cholesterol 5mg, Sodium 45mg, Total Carbohydrates 12g, Dietary Fiber <1g, Sugars 6g, Protein 2g. Exchanges: 1 Starch, 1 Fat

Baker's Splenda



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cookie: 15 calories, 0 total fat, 0 sat fat, 4 mg sodium, 3 g carbs, 0 calcium, 0 chol, 0 protein, 0 fiber

Snowmen Cookies

(not pictured)

MAKES ABOUT 4 DOZEN LARGE COOKIES

Prep time: 1 hr **Total time:** 2 hrs plus chilling

Kitchen cue: These snowmen are made with the same dough as the Snowflake Sugar Cookies; however, we cut them into different shapes and decorated them with white chocolate and coconut.

- 1 recipe Snowflake Sugar Cookies (pages 142-144)
- 8 oz white chocolate, finely chopped
- 4 tablespoons unsalted butter, cut into pieces
- 2 cups sweetened flaked coconut

◆ Preheat oven to 350°F and butter 2 large cookie sheets.
◆ Roll 1 disk of dough on a lightly floured surface with floured rolling pin until ¼ inch thick. Cut out dough with a 5½-inch snowman cookie cutter, gather scraps of dough into a disk and re-chill until firm. Transfer cutouts to prepared cookie sheets and chill until firm, about 15 minutes.
◆ Repeat rolling, cutting and chilling remaining dough and dough scraps in same manner.
◆ Bake and cool cookies in same manner as snowflake cookies.
◆ Melt chocolate with butter in a metal bowl set over a saucepan of simmering water, stirring until melted. Remove bowl from pan and let cool to room temperature.
◆ Brush tops of Snowmen Cookies with chocolate mixture and sprinkle with coconut. Transfer cookies to a cookie sheet in one layer and chill until chocolate is firm.
◆ Cookies will keep for 2 weeks stored between sheets of waxed paper in an airtight container at room temperature.

Per cookie: 195 calories, 11.5 g total fat, 7.5 g sat fat, 77 mg sodium, 21 g carbs, 22 mg calcium, 33 mg chol, 2 g protein, 1 g fiber

Brownie Truffles

MAKES ABOUT 50 TRUFFLES

Prep time: 45 min **Total time:** about 1½ hrs plus cooling

- ¾ cup all-purpose flour
- ½ teaspoon baking powder
- ½ teaspoon salt
- 6 oz semisweet chocolate chips
- 4 oz bittersweet chocolate (not unsweetened), finely chopped
- ½ cup unsalted butter, cut into pieces
- 1 cup packed light brown sugar
- 4 large eggs
- 1½ teaspoons vanilla extract
- Red and white sanding sugar

◆ Preheat oven to 350°F and butter and flour a 9- x 2-inch square metal baking pan.
◆ Whisk together flour, baking powder and salt in a medium bowl.
◆ Melt chocolate with butter in a medium metal bowl set over a saucepan of simmering water, stirring until melted. Remove bowl from pan and whisk in brown sugar until combined well. Add eggs, 1 at a time, whisking after each addition, until combined well. Stir in vanilla and flour mixture until just combined. Spoon batter into prepared pan and bake in middle of oven until center is just set, 30 to 40 minutes. Transfer pan to a rack to cool.
◆ To facilitate rolling truffles, remove thin top crust from brownie with a small sharp knife or metal spatula and discard. Scoop tablespoon-size balls of brownie (or use a small ice-cream scoop) and roll between palms of slightly wet hands to form 1-inch balls. Transfer as formed to tray.
◆ Put 4 tablespoons red and 2 tablespoons white sanding sugar in shallow bowl. Working with 4 truffles at a time, roll in sanding sugar until well coated and transfer to a waxed paper–lined tray (you may need to refill bowl with sanding sugar).
◆ Truffles will keep for 3 weeks stored between sheets of waxed paper in an airtight container.

Per cookie: 80 calories, 4 g total fat, 2 g sat fat, 35 mg sodium, 11 g carbs, 11 mg calcium, 22 mg chol, 1 g protein, 0 fiber

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Ahhh. . . A Spa Vacation!

Whether you're looking for massages and mud baths or exercise classes, there's a spa to suit your fancy. Here, what you need to know to choose the best R & R

BY TERRY TRUCCO

A week away from home may not seem like much, but it can have a profound effect on your life, as Leah Rabinowitz, a fiftysomething New York City real-estate agent, recently discovered. While her husband was on a business trip in Arizona, she checked into Canyon Ranch, a luxurious Tucson health spa. She hiked in the desert, took yoga, strength and aerobics classes, relaxed with soothing massages and showed up for dinner in her workout clothes. And after a full-body analysis told her she needed to make friends with the treadmill, she listened. "That pushed me to go to the gym, and I'm still going."

If a visit to a day spa is a quick gulp of health and indulgence, a stay at a sleepover spa is a nutritious five-course meal that tastes terrific, leaves you content and satisfied, and stays with you long after you leave. Small wonder that spas are a fast-growing segment of the travel industry. In 1990 there were about 1,300 spas in the United States. Now there are an estimated 12,000.

Though they serve serenity in various ways, leading spas offer programs that treat the whole person—mind, body and spirit—and instill long-lasting good habits. Many offer Pilates, yoga and hiking, but the philosophy is that physical fitness isn't enough; you also need to nourish your body with healthy food and pampering treatments. Some spas even offer health services, including bone-density tests and consultations with nutritionists.

Yet not all spas follow the same schedule. Some program your day to the minute, while others leave you on your own. Some favor gentle exercise in a gym or pool. Others get you hiking for miles. You'll find extravagant Indian treatments with oils and temple bells as well as simple Swedish massages. And while some restrict calorie intake or are vegetarian, others serve lavish, yet low-cal, desserts.

With so many choices, your dream spa is out there—and if you are like most of us, a visit has never been more necessary.

CHOOSING A SPA

Before making a reservation, learn about the different types of spas and know what you want to achieve on your visit.

DESTINATION SPAS: To aficionados, destination spas are the one true church, offering the purest experience. The strictest require weeklong stays. Some are just for women. Nearly all are casual; guests hang around in their bathrobes without makeup. Some fine-tune physical fitness and promote weight loss, while others provide medical workups and retool your diet. The downside? Rigid spas can feel like boot camp.

RESORT SPAS. These spas offer many destination spa CONTINUED



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services, such as herbal wraps or yoga classes, but permit a looser diet and stays of almost any duration. Resorts often offer golf, skiing and sunbathing—perfect when only one family member wants to visit a spa. Some resort spas even offer special programs for teens and kids.

To narrow your search, consider your goals. Are you looking for a new diet or stress-management techniques? Do you want a physical challenge? Do you need to entertain children or a spouse? Or do you just want to relax and be pampered?

Keep in mind, too, that spas are costly. The fabled Golden Door, in Escondido, California, charges $6,500 for an all-inclusive week's stay, though most spas average $2,000 or $3,000 a week with additional charges for treatments. A few charge less than $1,500. Off-season deals are available, and a shorter stay is also an option. Resort spas are pay as you go, often with separate charges for room, treatments and food. Prices vary, but facials and massages usually start at $100.

DESTINATION SPAS

Prices include meals, accommodations and most fitness activities. Most spas charge extra for treatments and premium activities.

MIND-BODY-SPIRIT Though fitness classes are available, most guests come for the treatments at the newly renovated Lake Austin Spa Resort (1705 S. Quinlan Park Road, Austin, TX 78732; 800-847-5637, *www.lakeaustin.com*). The choices are mind-boggling: 18 types of facials; 19 massages; wraps, masks and scrubs galore; and special treatments for men and teens (the $65 Bye Bye Blemishes facial zeros in on acne). Cooking classes, flavorful low-fat meals and evening lectures on nutrition and health round out the offerings. The 40 guest rooms have porches and soaking tubs. A three-day stay will set you back $1,280.

Spa Etiquette 101

- Be punctual. Treatments start on the dot, and latecomers receive shortened sessions. Most spas ask guests to arrive 30 minutes early to appointments so they can check in, disrobe, perhaps shower and use the sauna, and relax.
- To maintain the serenity, turn off cell phones and beepers, and speak in soft, quiet tones. "We call it your 'spa voice,'" says Christie Ford, spa director at The Homestead.
- How much you disrobe is up to you. Generally, you'll want to remove your bra for a facial, which includes a neck and shoulder massage, and disrobe completely for a full-body massage. Rest assured, "You can stay fully clothed for any treatment if it makes you more comfortable," says Ford.
- Whether you talk during a treatment is your choice. Therapists take their cue from you and will chat or be silent depending on what you want.
- A 20-percent tip is standard for treatments. If a spa adds a service charge in lieu of gratuities, no additional tip is required.

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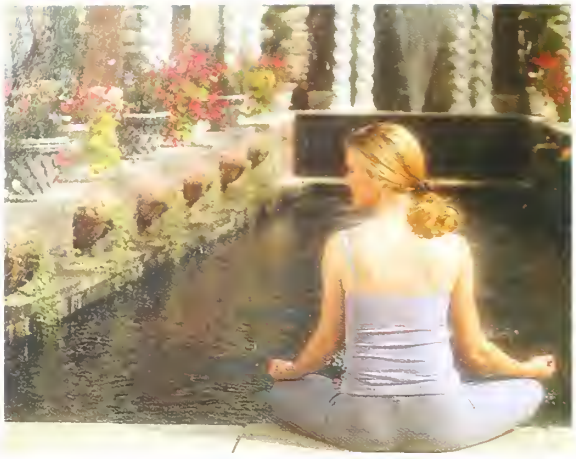
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Guests [illegible] to lose weight [illegible] to The O[illegible] at [illegible] 122 East Ojai Avenue, Ojai, CA 93023, 800-753-6237; [illegible], a 30-room spa in a 1918 Mission revival lodge in the center of town. Fitness activities are plentiful: hill stretch, Pilates, tai chi, yoga and water aerobics supplement walks and hikes in the gorgeous Topa Topa Mountains. Meals total 1,000 calories a day. And treatments are a bargain by spa standards—an alpha-hydroxy facial is $75, as is the River Rock Massage. Seven-night packages start at $1,183, including two treatments.

LEAN AND MEAN During a seven-day (mandatory) stay at The Ashram (P.O. Box 8009, Calabasas, CA 91371, 818-222-6900; *www.theashram.org*), the 12 guests hike 70 miles, fill their days with yoga, pool workouts and fitness classes, and eat healthily. By week's end, most guests have lost from eight to 10 pounds each and feel exhilarated. Accommodations are modest (12 guests share eight rooms), but the surrounding Santa Monica Mountains are breathtaking. All stays cost $3,500.

HEALTH Guests of Canyon Ranch, with picturesque outposts in Tucson, Arizona, and Lenox, Massachusetts (800-742-9000; *www.canyonranch.com*), can choose from more than 50 exercise classes, enjoy biking, hiking, swimming and tennis outdoors, and wind down with tai chi and meditation. Chef Scott Uehlein's tasty low-fat dishes—like macadamia crusted mahimahi—win raves. The spas offer full medical workups and workshops in stress management, weight loss and smoking cessation. For a [illegible] TLC, check out Lulur, an Indonesian beauty ritual featuring a rose-petal filled tub soak ($230). Week-long stays start at $1,070 per person in Arizona, $3,920 in Massachusetts.



Need to relax? Most spas have special rooms for yoga and meditation in addition to hiking trails, pampering treatments and healthy meals

YOGA AND WELLNESS Yogis flock to the Kripalu Center (P.O. Box 793, Lenox, MA 01240, 800-741-7353; *www.kripalu.org*), which calls itself the largest holistic health retreat in the United States, whose 350-acre Berkshire Mountains setting is ideal for long, head-clearing walks. Offerings include sessions in chanting, creativity, healing and fitness—even yoga for kids. The popular program Retreat & Renewal offers daily yoga, meditation and guided walks, and guests can opt for a private room or a dorm. Fees start at $600 for five days.

RESORT SPAS

Prices are for rooms and, in some cases, meals. Treatments and most activities are extra.

All ages are welcome at The Homestead (U.S. Route 220 Main Street, Hot Springs, VA 24445, 800-838-1766; *www.thehomestead.com*), a sprawling 238-year-old Allegheny Mountain resort. A 1,000-square-foot family spa suite pampers the entire brood, where first haircuts ($10) and chocolate-scented pedicures ($40) are offered along with grown-up treatments like the Highlands Honeysuckle Experience ($165), a multistep full body wrap. A night's stay is $99 per person and includes breakfast. Golf and nightly film screenings and four restaurants are also offered.

The spa at Nemacolin Woodlands Resort (1001 LaFayette Drive, Farmington, PA 15437, 866-399-6957; *www.nemacolin.com*) is framed by mountains, trees and a reflecting pool. The many treatments there include a Couples Aromatherapy Massage ($220) and the Mystic Shirodhara ($110), an oil-based head rub. There's unique family entertainment—carriage rides, a Hummer obstacle track and a dig-for-dinosaurs site. Guests stay in a French-style chateau or Tudor-style lodge in rooms that start at $200; they are also welcome to dine at one of 15 on-site restaurants and lounges.

Marriott's Rancho Las Palmas (41000 Bob Hope Drive, Rancho Mirage, CA 92270, 800-458-8786; *www.rancholaspalmas.com*) desert resort offers pools, a children's play area, tennis courts, a golf course and a nearby multiplex theater. Its extensive menu of treatments includes the 60-minute Balinese Jamu Massage ($109) and the 90-minute Aromatherapy Facial With Wildflower Foot Bath ($174). The 450-room resort has a super-size spa with a fitness center, boutique and café. Guests choose from four restaurants, and rooms start at $99 in the summer and $315 in the winter.

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1 pkg. (13 oz.) POST Cocoa or Fruity PEBBLES Cereal

Microwave butter in 4-quart microwavable bowl on HIGH 45 seconds or until melted. Add marshmallows; toss to coat. Microwave 1-1/2 minutes or until marshmallows are completely melted, stirring after 45 seconds. Stir in cereal.

Shape 1/3 cup of the cereal mixture into stocking shape, using moistened or greased hands. Place on wax paper-lined tray. Repeat with remaining cereal mixture. Cool.

Decorate as desired. Makes about 24 servings, 1 stocking each. *This recipe is intended for use with adult supervision.*

Find more recipes at www.kraftfoods.com/pebbles



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December has the shortest days of the year, and for some people that signals a health hazard: As many as 11 million Americans (primarily women) may suffer from seasonal affective disorder, or SAD. Experts think that winter's fewer daylight hours increase production of the hormone melatonin, which throws the body's internal clock out of whack, leading to a host of problems.

SYMPTOMS SAD may lead to depression, oversleeping or difficulty getting up, trouble concentrating, fatigue, headaches and cravings for sweets and starches (which can cause weight gain).

DIAGNOSIS Doctors look for a seasonal pattern. If you have had symptoms for two or more winters in a row, you probably have SAD, says Dan Oren, M.D., associate clinical professor of psychiatry at Yale University School of Medicine, in New Haven, Connecticut.

TREATMENT People with mild SAD usually find that their spirits lift with added exposure to light. "Natural sunlight is great," says Dr. Oren. Even half an hour a day spent outside or at a sunny window may help. Sufferers with severer SAD can find relief with antidepressants, but there's a more natural approach: sitting in front of a special light box for 30 to 60 minutes a day. Health insurance may cover these devices, which cost $200 to $500. Sources: Society for Light Treatment and Biological Rhythms (*www.sltbr.org*) or Center for Environmental Therapeutics (*www.cet.org*). *—Catherine Winters*

Diet Soda Danger

Women who guzzle can after can of diet soda may be setting themselves up for an embarrassing health problem. Caffeine, carbonation and artificial sweeteners can all be bladder irritants, contributing to urge incontinence (UI)—a strong, sudden need to urinate. And women who occasionally pass urine when they run, sneeze or enjoy a good belly laugh (what is known as stress incontinence) may find the condition worse than usual if they consume a lot of diet soda. What to do? Cut back on the soft drinks in general, but especially on those with the triple whammy of carbonation, caffeine and artificial sweetener. "Many of my patients drink caffeinated diet sodas and when they stop, they do much better," says Mikio Nihira, M.D., assistant professor of obstetrics and gynecology at the University of Texas Southwestern Medical Center, in Dallas. If you suspect you have urge or stress incontinence, see your doctor for treatment. *—C.W.*

Walking's Brainy Benefit

Walking at an easy pace for at least two hours a week preserves cognitive function in older women and may decrease mental decline, according to a study published in the *Journal of the American Medical Association* in September. Even *more* exercise is better: "For older women who walked at least six hours a week, their cognitive function was comparable to women several years younger," says Jennifer Weuve, Sc.D., a research fellow at the Harvard School of Public Health, in Boston, and lead author of the study. "This is one of the first studies to explore the link between walking and cognitive function. We should encourage older adults to get up and get moving!"

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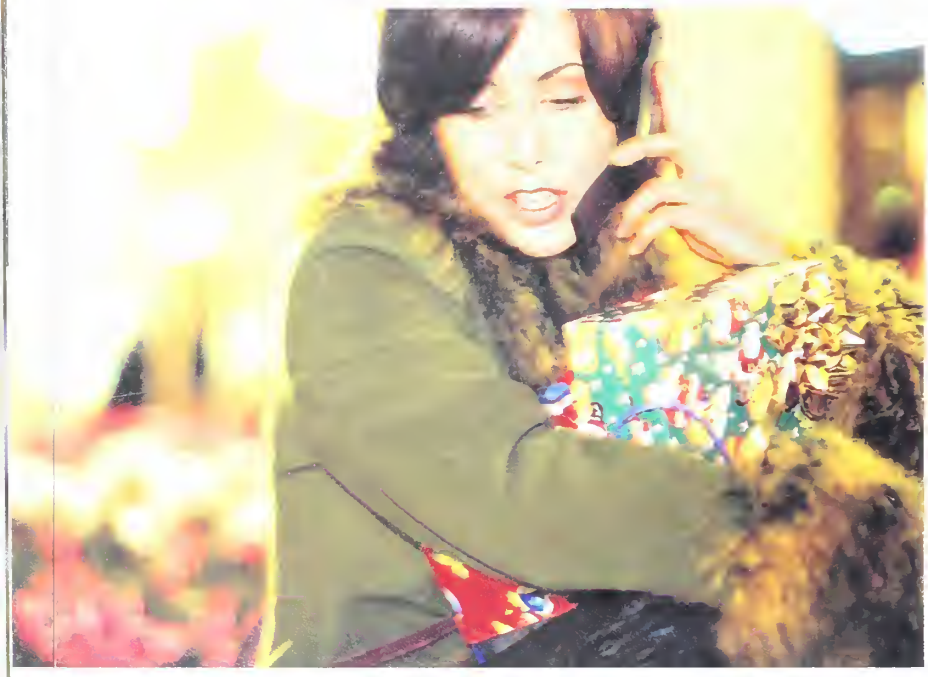


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Have Yourself a Merry Stress-Free Christmas



This year, don't just *survive* the holidays, *savor* them. Here, smart, surprising ways to do less and enjoy more!

It's 10:30 on a typical mid-December weeknight, and you're staring at a pile of unwrapped presents in one corner of the family room and a stack of unaddressed cards in another. The kids' gift lists have grown as though on steroids, and you still have three batches of cookies to bake for tomorrow night's dessert swap. At this point, the *South* Pole is looking like a pretty good escape.

Sound familiar? "At this time of year, women are assigned the role of caretaker of everyone's dreams," says Wayne M. Sotile, Ph.D., director of psychological services for Wake Forest University's Healthy Exercise and Lifestyle Programs, in Winston-Salem, North Carolina. Not only are they head chef, decorator, buyer and hospitality director, they're also producer of the next generation's mental movies about the season. Indeed, the desire to create ideal holiday memories is enough to bring out the perfectionist in even the most laid back mom.

Patricia Kulmoski knows the feeling. Two Christmases ago, the Pittsburgh accountant and mother of three, ages 11, 9 and 5, was so busy moving that for the first time she put up an artificial tree and skipped decorating the house. She still feels guilty about it. "To this day I feel like the world's most horrible mother," she says. "Of course, it wasn't a horrible Christmas—the kids loved their presents, they loved getting together with their cousins, and the most important thing is that we were all together. But I worried about the kids thinking for the rest of their lives, 'Remember that one Christmas when Mom only put up that plastic tree?' "

The good news is that you don't have to give up on memory making to have a saner holiday. By being picky about what you focus on, you'll make the season special and still have enough energy to enjoy it.

BY JANET BAILEY

SIMPLIFY YOUR FANTASIES

Sure, you could skimp by serving store-bought sweets and sending pre-signed cards. But what if you get pleasure out of molding marzipan or writing a personal note to everyone on your carefully cultivated list?

"The key is to be deliberate about how you're spending your time," says Dee Love, a human development specialist in the School of Consumer and Family Sciences at Purdue University, in West Lafayette, Indiana. "So many things about the holidays are special to us because they hap- CONTINUED

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pen only at this time of year. The temptation is to accumulate more experiences than we or our families can realistically handle." If you pick out the perfect velvet ribbon to tie up the evergreen boughs on the mantel, then make your famous lemon bars and take them over to the neighbors' party, then get the family dressed up for the holiday concert and afterward drive everybody to the downtown park to look at the light display, you've just fallen victim to "stressor pileup," says Love. "Instead of enjoying any of these experiences, you end up frazzled, the kids are overstimulated, and everyone feels dissatisfied."

"Keep your energy up by planning what you are going to do for yourself in January"

So take stock. Pick one thing to do well, whether it's serving a sit-down dinner for 20 or helping your kids make a gingerbread house. Think about "what you'd really miss if it weren't part of your holiday season" and what you could live without, suggests Barbara Fiese, Ph.D., chair of psychology at Syracuse University, in upstate New York.

After hearing about how a friend waited in front of a department store at 5 A.M. to buy her child the toy of the moment—and got knocked down and bruised in the rush—Alicia Birckhead, 37, decided she could live without shopping for gifts. Now Birckhead, a medical secretary in Fairfield, Pennsylvania, spends hours with her daughters, 10 and 13, making handmade gifts for relatives and close friends. She and her husband have freed up time by scaling back on holiday party going. Invitations to work-related get-togethers get an automatic no—"we see those people all the time," she points out—and friends' gatherings rate a yes only if they easily fit the family's schedule. Meanwhile, the girls' handcrafted ornaments, decorated T-shirts and apple jellies have strengthened connections with the loved ones they don't often see. "When people put that jam on their toast in the morning," say Birckhead, "they're thinking about the person who made it."

FOCUS YOUR EFFORTS

Focusing on one area doesn't mean that you have to abandon everything else. The trick is to find ways in which you can get the most benefit out of a minimal investment.

"Instead of decking all the halls, concentrate on the one room of the house where you spend the most time," says Lisa Lelas, professional organizer and coauthor of *Simple Steps for Every Holiday*. If everybody hangs out in the den or family room, that's where the swag, garland and antique train set should go. (Just put poinsettias in the other rooms.)

The theory applies to gift giving, too. Each year Judith Schneider, coauthor of *The Frantic Woman's Guide to Life*, reduces decision-making stress by giving everyone on her list similar gifts from one category. "This year," she says, "all my nieces are getting down throws in different colors and designs." Her nephews have gotten cologne and footballs in the past. Low-stress ideas for friends and coworkers include books, gourmet foods and charitable donations in the person's name.

Committed to throwing more than one party? Schneider suggests doing all your entertaining in a single weekend instead of spreading it out over the season. Start with the most demanding crowd: You could hold a cocktail party for business associates Friday night and a casual open house for close friends and family on Sunday. "This way you have to do the heavy-duty cleaning and food prep only once—the week before—with touch-ups in between parties," she says.

COME TO YOUR SENSES

From the aroma of mulled apple cider on the stove to the crunch of new snow on the driveway, the season is full of sensory pleasures. Allowing them to sink in is one of the easiest, quickest ways to restore calm.

"When you're baking cookies, enjoy the sensation of your hands in the dough. When you're out shopping, really listen to the holiday carols. When you walk back to your car, feel the temperature of the air on your face," says Leslee Kagan, clinical nurse-practitioner at the Mind/Body Medical Institute, in Boston. Being in the moment is the essence of mindfulness—fully focused attention—which is also key in reducing stress. After a few minutes of sensory indulgence, your heart rate will slow and your muscles will relax. What you're getting is a kind of mini meditation without having to sit down and close your eyes.

If you're so used to multitasking that you can't remember how to focus on one thing at a time, breathing will help CONTINUED ON PAGE 158



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INDICATIONS AND [illegible]

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[illegible] presence of mal[illegible]ptation [illegible] physical [illegible] [illegible] treatment of [illegible] should be initi[illegible] the patient. The failure [illegible]somnia to remit [illegible] indicate the presence of a primary psychiatric [illegible] which should be evaluated. Worsening of insomnia or the [illegible] behavior abnormalities may be the consequence [illegible] psychiatric [illegible] physical disorder. Such findings have emerged [illegible] course of treatment with sedative hypnotic drugs, including Ambien [illegible] One of the important adverse effects of Ambien appear to be dose [illegible] (see *Precautions* and *Dosage and Administration*). It is important to use [illegible] possible effective dose, especially in the elderly.

A variety of abnormal thinking and behavior changes have been reported to occur in association with the use of sedative hypnotics. Some of these changes may be characterized by decreased inhibition (eg, aggressiveness and extroversion) that seemed out of character. Similar to effects produced by alcohol and other CNS depressants. Other reported behavioral changes have included bizarre behavior, agitation, hallucinations, and depersonalization. Amnesia and other neuropsychiatric symptoms may occur unpredictably. In primarily depressed patients, worsening of depression, including suicidal thinking, has been reported in association with the use of sedative/hypnotics.

It is not rarely be determined with certainty whether a particular instance of the abnormal behaviors listed above is drug induced, spontaneous in origin, or a result of an underlying psychiatric or physical disorder. Nonetheless, the emergence of any new behavioral sign or symptom of concern requires careful and immediate evaluation.

Following the rapid dose decrease or abrupt discontinuation of sedative/hypnotics, there have been reports of signs and symptoms similar to those associated with withdrawal from other CNS depressant drugs (see *Drug Abuse and Dependence*).

Ambien, like other sedative hypnotic drugs, has CNS depressant effects. Due to the rapid onset of action, Ambien should only be ingested immediately prior to going to bed. Patients should be cautioned against engaging in hazardous occupations requiring complete mental alertness or motor coordination such as operating machinery or driving a motor vehicle after ingesting the drug, including potential impairment of the performance of such activities that may occur the day following ingestion of Ambien. Ambien showed additive effects when combined with alcohol and should not be taken with alcohol. Patients should also be cautioned about possible combined effects with other CNS-depressant drugs. Dosage adjustments may be necessary when Ambien is administered with such agents because of the potentially additive effects.

PRECAUTIONS

General

Use in the elderly and/or debilitated patients. Impaired motor and/or cognitive performance after repeated exposure or unusual sensitivity to sedative hypnotic drugs is a concern in the treatment of elderly and/or debilitated patients. Therefore, the recommended Ambien dosage is 5 mg in such patients (see *Dosage and Administration*) to decrease the possibility of side effects. These patients should be closely monitored.

Use in patients with concomitant illness. Clinical experience with Ambien in patients with concomitant systemic illness is limited. Caution is advisable in using Ambien in patients with diseases or conditions that could affect metabolism or hemodynamic responses. Although studies did not reveal respiratory depressant effects at hypnotic doses of Ambien in normals or in patients with mild to moderate chronic obstructive pulmonary disease (COPD), a reduction in the Total Arousal Index together with a reduction in lowest oxygen saturation and increase in the times of oxygen desaturation below 80% and 90%, was observed in patients with mild to moderate sleep apnea when treated with Ambien (10 mg), when compared to placebo. However, precautions should be observed if Ambien is prescribed to patients with compromised respiratory function, since sedative hypnotics have the capacity to depress respiratory drive. Post marketing reports of respiratory insufficiency, most of which involved patients with pre existing respiratory impairment, have been received. Data in end stage renal failure patients repeatedly treated with Ambien did not demonstrate drug accumulation or alterations in pharmacokinetic parameters. No dosage adjustment in renally impaired patients is required, however these patients should be closely monitored (see *Pharmacokinetics*). A study in subjects with hepatic impairment did reveal prolonged elimination in this group; therefore, treatment should be initiated with 5 mg in patients with hepatic compromise and they should be closely monitored.

Use in depression. As with other sedative hypnotic drugs, Ambien should be administered with caution to patients exhibiting signs or symptoms of depression. Suicidal tendencies may be present in such patients and protective measures may be required. Intentional overdosage is more common in this group of patients; therefore, the least amount of drug that is feasible should be prescribed for the patient at any one time.

Information for patients. Patient information is printed in the complete prescribing information.

Laboratory tests. There are no specific laboratory tests recommended.

Drug interactions

CNS-active drugs. Ambien was evaluated in healthy volunteers in single-dose interaction studies for several CNS drugs. A study involving haloperidol and zolpidem revealed no effect of haloperidol on the pharmacokinetics or pharmacodynamics of zolpidem. Imipramine in combination with zolpidem produced no detectable interaction. The addition of diazepam produced additive effects in some but not all tests, while the addition of alcohol produced potentiation of zolpidem's effects on memory and psychomotor performance. Ambien (10 mg) and fluoxetine 20 mg administered concomitantly to healthy volunteers in steady-state [illegible] Ambien (10 mg) and fluoxetine 20 mg administered concomitantly to healthy volunteers in steady-state [illegible] When multiple doses of fluoxetine and zolpidem were administered concomitantly, [illegible] was evaluated. The half-life of zolpidem was [illegible] There was [illegible] performance.

Following [illegible] the presence of sertraline 50 mg [illegible] significantly [illegible] healthy female volunteers zolpidem [illegible] Tmax was significantly decreased (53%). Pharmacokinetic [illegible] were unaffected by zolpidem.

Since the systematic evaluation [illegible] other CNS-active drugs have been [illegible] pharmacological any CNS active drug to be used with zolpidem. As with [illegible] CNS-depressant effects could potentially enhance the CNS depressant effects of zolpidem.

Drugs that affect drug metabolism via cytochrome P450. A randomized, double-blind, crossover interaction study in ten healthy volunteers between itraconazole 200 mg once daily for 4 days and a single dose of zolpidem 10 mg given 5 hours after the last dose of itraconazole resulted in a 34% increase in AUC of zolpidem. There were no significant pharmacodynamic effects of zolpidem on [illegible] shows rest, postural sway, or psychomotor performance.

[illegible] randomized, placebo-controlled crossover interaction study in eight healthy [illegible] volunteers between 5 consecutive daily doses of rifampin (600 mg) and a single dose of zolpidem (20 mg) given 17 hours after the last dose of rifampin showed significant reductions of the AUC (73%), C_{max} (58%), and $T_{1/2}$ (36%) of zolpidem together with significant reductions in the pharmacodynamic effects of zolpidem.

Other drugs. A study involving cimetidine, zolpidem, and ranitidine, zolpidem combinations revealed no effect of either drug on the pharmacokinetics or pharmacodynamics of zolpidem. Zolpidem had no effect on digoxin kinetics and did not affect prothrombin time when given with warfarin in normal subjects. Zolpidem's sedative/hypnotic effect was reversed by flumazenil, however, no significant alterations in zolpidem pharmacokinetics were found.

Drug/Laboratory test interactions: Zolpidem is not known to interfere with commonly employed clinical laboratory tests. In addition, clinical data indicate that zolpidem does not cross react with benzodiazepines, opiates, barbiturates, cocaine, cannabinoids, or amphetamines in two standard urine drug screens.

Carcinogenesis, mutagenesis, impairment of fertility

Carcinogenesis. Zolpidem was administered to rats and mice for 2 years at dietary dosages of 4, 18, and 80 mg/kg/day. In mice, these doses are 26 to 520 times or 2 to 35 times the maximum 10-mg human dose on a mg/kg or mg/m² basis, respectively. In rats these doses are 43 to 876 times or 6 to 115 times the maximum 10-mg human dose on a mg/kg or mg/m² basis, respectively. No evidence of carcinogenic potential was observed in mice. Renal liposarcomas were seen in 4/100 rats (3 males, 1 female) receiving 80 mg/kg/day and a renal lipoma was observed in one male rat at the 18 mg/kg/day dose. Incidence rates of lipoma and liposarcoma for zolpidem were comparable to those seen in historical controls and the tumor findings are thought to be a spontaneous occurrence.

Mutagenesis. Zolpidem did not have mutagenic activity in several tests including the Ames test; genotoxicity in mouse lymphoma cells in vitro; chromosome aberrations in cultured human lymphocytes; unscheduled DNA synthesis in rat hepatocytes in vitro; and the micronucleus test in mice.

Impairment of fertility. In a rat reproduction study, the high dose (100 mg/kg) of zolpidem resulted in irregular estrus cycles and prolonged precoital intervals, but there was no effect on male or female fertility after daily oral doses of 4 to 100 mg/kg, or 5 to 130 times the recommended human dose in mg/m². No effects on any other fertility parameters were noted.

Pregnancy

Teratogenic effects. Category B. Studies to assess the effects of zolpidem on human reproduction and development have not been conducted.

Teratology studies were conducted in rats and rabbits.

In rats, adverse maternal and fetal effects occurred at 20 and 100 mg/kg/day and included dose related maternal lethargy and ataxia and a dose-related trend to incomplete ossification of fetal skull bones.

In rabbits, dose-related maternal sedation and decreased weight gain occurred at all doses tested. At the high dose (16 mg/kg/day), there was an increase in postimplantation fetal loss and underossification of stemebrae in viable fetuses.

This drug should be used during pregnancy only if clearly needed.

Nonteratogenic effects. Studies to assess the effects on children whose mothers took zolpidem during pregnancy have not been conducted. However, children born of mothers taking sedative hypnotic drugs may be at some risk for withdrawal symptoms from the drug during the postnatal period. In addition, neonatal bradycardia has been reported in infants born of mothers who received sedative hypnotic drugs during pregnancy.

Labor and delivery. Ambien has no established use in labor and delivery.

Nursing mothers. Studies in lactating mothers indicate that between 0.004 and 0.019% of the total administered dose is excreted into milk, but the effect of zolpidem on the infant is unknown.

The use of Ambien in nursing mothers is not recommended.

Pediatric use. Safety and effectiveness in pediatric patients below the age of 18 have not been established.

Geriatric use. A total of 154 patients in U.S. controlled clinical trials and 897 patients in non-U.S. clinical trials who received zolpidem were ≥60 years of age. For a pool of U.S. patients receiving zolpidem at doses of ≤10 mg or placebo, there were three adverse events occurring at an incidence of at least 3% for zolpidem and for which the zolpidem incidence was at least twice the placebo incidence (ie, they could be considered drug related):

Adverse Event	Zolpidem	Placebo
Dizziness	3%	0%
Drowsiness	5%	2%
Diarrhea	3%	1%

A total of 30/1,959 (1.5%) non-U.S. patients receiving zolpidem reported falls, including 28/30 (93%) who were >70 years of age. Of these 28 patients, 23 (82%) were receiving zolpidem doses >10 mg. A total of 24/1,959 (1.2%) non-U.S. patients receiving zolpidem reported confusion, including 19/24 (75%) who were >70 years of age. Of these 19 patients, 14/19 (78%) were receiving zolpidem doses >10 mg.

ADVERSE REACTIONS

Associated with discontinuation of treatment: Approximately 4% of 1,701 patients who received zolpidem at all doses (1.25 to 90 mg) in U.S. premarketing clinical trials discontinued treatment because of an adverse clinical event. Events most commonly associated with discontinuation from U.S. trials were daytime drowsiness (0.5%), dizziness (0.4%), headache (0.5%), nausea (0.6%), and vomiting (0.5%).

Approximately 4% of 1,959 patients who received zolpidem at all doses (1.1 to 50 mg) in similar foreign trials discontinued treatment because of an adverse event. Events most commonly associated with discontinuation from these trials were daytime drowsiness (1.1%), dizziness/vertigo (0.8%), amnesia (0.5%), nausea (0.5%), headache (0.4%), and falls (0.4%).

Data from a clinical study in which selective serotonin reuptake inhibitor (SSRI)-treated patients were given zolpidem revealed that four of the seven discontinuations during double-blind treatment with zolpidem (n=95) were associated with impaired concentration, confusing, or aggravated depression, and mania/hypomania. One patient treated with placebo (n=97) was discontinued after an attempted suicide.

Incidence in controlled clinical trials

Most commonly observed adverse events in controlled trials: During short-term treatment (1 to 10 nights) with Ambien at doses up to 10 mg, the most common (≥1%) adverse events associated with the use of zolpidem and seen at a greater incidence than placebo-treated patients were drowsiness (daytime) (zolpidem patients 2%), dizziness (1%), and diarrhea (1%). During longer-term treatment (28 to 35 nights) with zolpidem at doses up to 10 mg, the most commonly observed adverse events associated with the use of zolpidem and seen at clinically significant differences from placebo-treated patients were dizziness (5%) and drugged feelings (3%).

Treatment-emergent adverse experiences in placebo-controlled clinical trials: The following are treatment-emergent adverse events from U.S. placebo-controlled clinical trials [illegible] doses up to and including 10 mg. Short-term trials: events seen in zolpidem patients (n=685) at an incidence equal to or greater compared to placebo (n=473) were: headache (29% vs 28% placebo), dizziness (6% vs 2%), nausea (4% vs 3%), diarrhea (3% vs 2%), and myalgia (1% vs 2%). Long-term clinical trials: events seen in zolpidem patients (n=482) at an incidence equal to or greater compared to placebo (n=161) were: dry mouth (2% vs 1% placebo), allergy (4% vs 1%), back pain (3% vs 2%), influenza-like symptoms (2% vs 0%), chest pain (1% vs 0%), fatigue (1% vs 2%), palpitation (2% vs 0%), headache (19% vs 22%), drowsiness (8% vs 5%), dizziness (5% vs 1%), lethargy (3% vs 1%), drugged feeling (3% vs 0%), lightheadedness (2% vs 1%), depression (2% vs 1%), abnormal dreams (1% vs 0%), amnesia (1% vs 0%), anxiety (1% vs 1%), nervousness (1% vs 3%), sleep disorder (1% vs 0%), nausea (6% vs 6%), dyspepsia (5% vs 6%), diarrhea (3% vs 2%), abdominal pain (2% vs 2%), constipation (2% vs 1%), anorexia (1% vs 1%), vomiting (1% vs 1%), infection (1% vs 1%), myalgia (7% vs 7%), arthralgia (4% vs 4%), upper respiratory infection (5% vs 6%), sinusitis (4% vs 2%), pharyngitis (3% vs 1%), rhinitis (1% vs 3%), rash (2% vs 1%), and urinary tract infection (2% vs 2%).

Dose relationship for adverse events. There is evidence from dose comparison trials suggesting a dose relationship for many of the adverse events associated with zolpidem use, particularly for certain CNS and gastrointestinal adverse events.

Adverse events are further classified and enumerated in order of decreasing frequency using the following definitions: frequent adverse events are defined as those occurring in greater than 1/100 subjects; infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients.

Frequent: abdominal pain, abnormal dreams, allergy, amnesia, anorexia, anxiety, arthralgia, asthenia, ataxia, back pain, chest pain, confusion, constipation, depression, diarrhea, diplopia, dizziness, drowsiness, drugged feeling, dry mouth, dyspepsia, euphoria, fatigue, headache, hiccup, infection, influenza-like symptoms, insomnia, lethargy, lightheadedness, myalgia, nausea, nervousness, palpitation, sleep disorder, vertigo, vision abnormal, vomiting.

Infrequent: abnormal hepatic function, agitation, arthritis, bronchitis, cerebrovascular disorder, coughing, cystitis, decreased cognition, detached, difficulty concentrating, dysarthria, dysphagia, dyspnea, edema, emotional lability, eye irritation, eye pain, falling, fever, flatulence, gastroenteritis, hallucination, hyperglycemia, hypertension, hypoesthesia, illusion, increased SGPT, increased sweating, leg cramps, malaise, menstrual disorder, migraine, pallor, paresthesia, postural hypotension, pruritus, sciatica, sleeping after daytime dosing, speech disorder, stupor, syncope, tachycardia, taste perversion, thirst, tinnitus, trauma, tremor, urinary incontinence, vaginitis.

Rare: abdominal pain, abnormal accommodation, abnormal gait, abnormal thinking, abscess, acne, acute renal failure, aggressive reaction, allergic reaction, allergy aggravated, altered saliva, anaphylactic shock, anemia, angina pectoris, apathy, appetite increased, arrhythmia, arteritis, arthrosis, bilirubinemia, breast fibroadenosis, breast neoplasm, breast pain, bronchospasm, bullous eruption, circulatory failure, conjunctivitis, corneal ulceration, decreased libido, delusion, dementia, depersonalization, dermatitis, dysphasia, dysuria, enteritis, epistaxis, eructation, esophagospasm, extrasystoles, face edema, feeling strange, flushing, furunculosis, gastritis, glaucoma, gout, hemorrhoids, herpes simplex, herpes zoster, hot flashes, hypercholesteremia, hyperhemoglobinemia, hyperlipidemia, hypertension aggravated, hypokinesia, hypotension, hypotonia, hypoxia, hysteria, impotence, increased alkaline phosphatase, increased BUN, increased ESR, increased saliva, increased SGOT, injection-site inflammation, intestinal obstruction, intoxicated feeling, lacrimation abnormal, laryngitis, leukopenia, lymphadenopathy, macrocytic anemia, manic reaction, micturition frequency, muscle weakness, myocardial infarction, neuralgia, neuritis, neutropathy, neurosis, nocturia, otitis externa, otitis media, pain, panic attacks, paresis, parosmia, penorbital edema, personality disorder, phlebitis, photopsia, photosensitivity reaction, pneumonia, polyuria, pulmonary edema, pulmonary embolism, purpura, pyelonephritis, rectal hemorrhage, renal pain, restless legs, rigors, sciatica, somnambulism, suicide attempts, tendinitis, tenesmus, tetany, thrombocytosis, tolerance increased, tooth caries, urinary retention, urticaria, varicose veins, ventricular tachycardia, weight decrease, yawning.

DRUG ABUSE AND DEPENDENCE

Controlled substance. Schedule IV.

Abuse and dependence. Studies of abuse potential in former drug abusers found that the effects of single doses of zolpidem tartrate 40 mg were similar but not identical to diazepam 20 mg, while zolpidem tartrate 10 mg was difficult to distinguish from placebo.

Sedative/hypnotics have produced withdrawal signs and symptoms following abrupt discontinuation. These reported symptoms range from mild dysphoria and insomnia to a withdrawal syndrome that may include abdominal and muscle cramps, vomiting, sweating, tremors, and convulsions. The U.S. clinical trial experience from zolpidem does not reveal any clear evidence for withdrawal syndrome. Nevertheless, the following adverse events included in DSM-III-R criteria for uncomplicated sedative/hypnotic withdrawal were reported at an incidence of ≤1% during U.S. clinical trials following placebo substitution occurring within 48 hours following last zolpidem treatment: fatigue, nausea, flushing, lightheadedness, uncontrolled crying, emesis, stomach cramps, panic attack, nervousness, and abdominal discomfort. Rare post-marketing reports of abuse dependence and withdrawal have been received.

Individuals with a history of addiction to or abuse of drugs or alcohol are at increased risk of habituation and dependence; they should be under careful surveillance when receiving any hypnotic.

OVERDOSAGE

Signs and symptoms. In European postmarketing reports of overdose with zolpidem alone, impairment of consciousness has ranged from somnolence to light coma, with one case each of cardiovascular and respiratory compromise. Individuals have fully recovered from zolpidem tartrate overdoses up to 400 mg (40 times the maximum recommended dose). Overdose cases involving multiple CNS-depressant agents, including zolpidem, have resulted in more severe symptomatology, including fatal outcomes.

Recommended treatment: General symptomatic and supportive measures should be used along with immediate gastric lavage where appropriate. Intravenous fluids should be administered as needed. Flumazenil may be useful. Respiration, pulse, blood pressure, and other appropriate signs should be monitored and general supportive measures employed. Sedating drugs should be withheld following zolpidem overdosage. Zolpidem is not dialyzable.

The possibility of multiple drug ingestion should be considered.

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Advertisement

Anti-Aging Breakthrough

Better than Botox?*

"Who would have thought a stretch mark reducer would turn out to be the anti-wrinkle breakthrough of the decade!"



n a remarkable turn of events, arguably one of the strangest in the history of cosmetics,

en across the country are putting a stretch-mark cing emulsion called StriVectin-SD on their face to nish the appearance of fine lines, wrinkles and crows' And, if consumer sales are any indication of a product's tiveness, StriVectin-SD is nothing short of a miracle. nen (as well as a growing number of "Boomer" men buying so much StriVectin-SD that finding a tube at local cosmetic counter has become just about ssible. Has everyone gone mad? Well... not really.

entific Breakthrough or Dumb Luck?

though StriVectin-SD was already backed by clinical documenting its ability to visibly reduce the depth, th, discoloration and roughness of existing stretch ks, the success of StriVectin-SD as an anti-wrinkle m was "dumb luck," says Gina Gay, spokesperson for n-Becker, StriVectin-SD's exclusive distributor.

When we first handed out samples of the StriVectin mula to employees and customers as part of our market arch, the sample tubes were simply marked 'topical m' with the lot number underneath," Ms. Gay explains the samples were passed to friends and family, the sage became a little muddled and some people used 'topical cream' as a facial moisturizer. As we began to ive feedback from users, like 'I look 10 years younger' 'I can't even notice my crows' feet,' we knew we had ething more than America's most effective stretch-mark ucer. The point was driven home as store owners began orting that almost as many people were purchasing Vectin as an anti-wrinkle cream as were buying it to uce stretch marks."

Dr. Daniel B. Mowrey, Klein-Becker's Director of entific Affairs, says, "Clearly, people were seeing results we didn't have a scientific explanation as to why wrinkle-reduction was occurring. However, based the incredibly positive reports, I started using it self – applying StriVectin to my face after shaving." Mowrey adds, "On a personal note, my wife is saying aven't looked this good in years."

Dumb Luck Strikes Again!

Then, on Tuesday, July 2, 2002, at a meeting of the 20th World Congress of Dermatology in Paris, France, a series of studies detailing the superior wrinkle-reducing properties of a patented oligo-peptide called Pal-KTTKS versus retinol, vitamin C, and placebo, on "photo-aged skin" was presented. "As luck would have it," Dr. Mowrey states, "the wrinkle-reducing oligo-peptide tested in the breakthrough clinical trials turned out to be a key ingredient in the StriVectin cream."

In the trials, subjects applied the patented peptide solution to the crows' feet area on one side of the face, and a cream containing either retinol, vitamin C, or a placebo to the other side.

Subjects in the Pal-KTTKS/retinol study applied the cream once a day for 2 months and then twice a day for the next 2 months. Using special image analysis, the study's authors reported "significant improvement" in the appearance of wrinkle depth, length, wrinkle volume, and skin roughness for those women using the peptide solution.

Better yet, at the 2-month halfway point, the peptide solution thickened skin nearly 1.5 times faster than retinol, and without the inflammation retinol often causes in sensitive skin. As was expected, the results of the remaining studies confirmed that the Pal-KTTKS solution's effectiveness at reducing the appearance of fine lines and wrinkles far exceeded both vitamin C and placebo.

A smoother, younger complexion, with less irritation and faster results – all without expensive and painful peels, implants or injections.

Better than Retinol and Vitamin C, But Is StriVectin-SD Better than Botox®?*

Dr. Nathalie Chevreau, Director of Women's Health at Salt Lake City based Basic Research, exclusive distributor for Klein-Becker explains "Many researchers believe less invasive cosmetic alternatives are better than Botox. Sometimes referred to as Botox Cosmetic. That's because topical creams and gels offer gradual, continual results, while the effects of injections, facial peels, and dermabrasions are rougher on the skin and wear off... in fact, you'll never look better than you do shortly after the inflammation and redness subside. Not one bit better."

"Furthermore," Dr. Chevreau continues, "Botox has been approved by the FDA for an extremely limited use – the tiny half-inch space of deep furrows between the eyebrows (called glabellar lines) – and can cause side effects such as 'headache, temporary eyelid droop, and nausea.' While StriVectin was not designed to eliminate the deep glabellar lines targeted by Botox, the proprietary StriVectin complex has been shown to significantly reduce the appearance of fine lines and facial wrinkles including crows' feet, that can add 10-15 years to your appearance... the type of fine lines and wrinkles Botox treatments leave behind."

In other words, StriVectin-SD helps give you a youthful, healthy, glowing complexion faster than retinol, far superior to vitamin C, and without irritation, needles, or surgery.

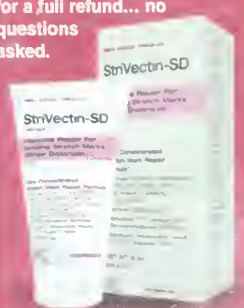
So, if you see someone applying an anti-stretch mark cream to their face, don't think they've gone off the deep end... they may be smarter than you think.

Having a hard time finding StriVectin-SD®?

If you've been searching for StriVectin-SD, you already know it's become almost impossible to find. Don't bother with Neiman Marcus, they don't have it... Your best bets are SEPHORA shops, PARISIAN, Lord & Taylor, bloomingdales or Saks 5th Avenue (they always try to keep it in stock) or, believe it or not, the pregnancy section of your local GNC or high-end supplement retailer. To be absolutely sure, you can order StriVectin-SD directly from Klein-Becker at:

1-800-341-4016
or order online at
www.StriVectin.com.

Since StriVectin-SD was designed as a stretch-mark reducing formula, it comes in a large, 6-ounce tube. At $135.00, StriVectin-SD is not cheap... but when used as a wrinkle-reducer, one tube will last approximately six months. By the way, StriVectin-SD is backed by Klein-Becker's money-back guarantee. If StriVectin-SD doesn't make your skin look younger, healthier, and more vibrant, simply return the unused portion within 30 days for a full refund... no questions asked.



Call 1-800-341-4016
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Key References:

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calm you down. Kagan suggests a simple technique: Take a deep breath into your belly, and as you breathe out, say the number five. Pause, then breathe in and out and say four. Continue breathing and counting down to one. Try this when you're circling the parking lot or waiting in line. Instead of fuming over the delay, seize it as an opportunity to unwind.

CHERISH YOUR TRADITIONS

At the end of November a few years ago, organizer/author Lelas and her husband decided to drop the kids off at Grandma's for the weekend and head to a resort town. There were outlets nearby, and the couple spent all day browsing the clothing, home-accessory and toy stores, and the trinket shops selling candles, soaps and baskets. In the evening, they unwound over dinner. By the end of the weekend, they'd filled up the SUV with gifts—and renewed their relationship. The experiment was so successful that it's now an annual ritual. "It's easy to forget about your spouse during the holidays," says Lelas. "This gives us time together before the crunch. It's the only time we go into stores during the whole season, and it's turned a stressor—shopping—into something positive."

But new traditions need not be as elaborate, and many can "change and grow as families do," says Dr. Sotile, of Wake Forest University. Are the grown-ups going broke buying presents for an ever-increasing tribe of nieces and nephews? Suggest a $10 limit on gifts, draw names from a hat so that each sibling's family buys gifts for just one other family, or have a grab bag and trade gifts with each other—all solutions that extended families have successfully adopted. "Don't be shy about being the one who spearheads something different," says Dr. Sotile. "Most people will welcome a creative variation that reduces stress or financial strain."

PLAN YOUR REWARD

A good way to deal with seasonal demands? Accept them and aim to pamper yourself once the holidays are over. Every January, Patricia Kulmoski and her family go to a friend's vacation house at Pennsylvania's Laurel Mountain for the weekend. Kulmoski looks forward to time alone when her husband will take the kids snow-tubing and she can read, sip a glass of wine or write in her journal.

"It can be a relief to let yourself off the hook and admit there's not going to be a lot of 'me' time this month," says Schneider. "Keep your energy up by looking beyond the holidays and planning what you're going to do for yourself in January—a spa day, a new class. At night, when you get into bed, look through course catalogs or spa brochures and plan what your treat will be. It's a great way to unwind after a day of holiday craziness."

REMEMBER WHAT MATTERS

Times of stress bring out the narcissistic and impulsive 3-year-old in all of us, says Pauline Wallin, Ph.D., a clinical psychologist in Camp Hill, Pennsylvania, and author of *Taming Your Inner Brat: A Guide for Transforming Self-Defeating Behavior*. "When we're under pressure we tend to regress to immature forms of coping," she explains. No wonder you spent the day sulking after someone grabbed your parking spot, or wound up arguing with your brother over who would sit CONTINUED

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where everyone folks gonna table.

Counter your sister's brat by performing small acts of kindness. "Let someone go ahead of you in line. Shovel your neighbor's walk," says Dr. Walker. "Look store clerks in the eye, smile and say, 'Thank you—I really appreciate your help.'"

As for your sister who never lets anyone get a word in edgewise, or your impossible-to-please great-aunt: "Look for the good intentions behind what they're doing," says Fred Luskin, Ph.D., director of the Stanford University Forgiveness Project, in Palo Alto, California, and coauthor of the forthcoming *Stress Free for Good*. "You may not want to be around these people 24-7, but for a few hours you can remind yourself: 'My aunt criticizes because she wants everything to be neat and orderly—it's her way of trying to help.' Or, 'My sister doesn't have much self-respect—she talks so much to try to keep people's attention.'" You're not condoning the behavior; you're protecting yourself from being injured by it.

LET IT GO

Finally, bear in mind that no matter how much thought and care you put into your holiday planning, you can't control the results. Be committed to process, not product, and enjoy the gifts the season delivers, whatever form they take.

Melissa Yarworth, 35, a mother of three in Sabillasville, Maryland, is a floral designer who gets great pleasure out of creating beautiful environments—especially during the holidays. Last year, the Yarworths bought a new house, and the conditions of the sale required them to move in Christmas week. With no time to decorate properly, she and her children put up a tree and placed electric candles in the windows. "The furniture hadn't arrived, and boxes were everywhere," Yarworth says. "All we had in the kitchen were a microwave and a toaster oven. On Christmas Eve, we slept in sleeping bags. But in the morning the kids had their stockings, and we ate store-bought cheese Danish and opened our presents under the tree. We were home. It was a wonderful Christmas."

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German Chocolate Coconut Bars

INGREDIENTS:

- 1 pkg. (18.25 oz.) German chocolate cake mix
- ⅓ cup butter or margarine, softened
- 1 large egg, lightly beaten
- 1 can (14 oz.) **Nestlé® Carnation** Sweetened Condensed Milk
- 1 large egg
- 1 teaspoon vanilla extract
- 1½ cups flaked sweetened coconut, *divided*
- 1 cup chopped pecans
- 1 cup (6 oz.) **Nestlé® Toll House®** Swirled Morsels, *divided*

INSTRUCTIONS:

PREHEAT oven to 350°F. **POUR** cake mix into large bowl; cut in butter and *lightly beaten egg* with pastry blender or two knives until mixture is crumbly. Press onto bottom of ungreased 13 x 9 inch baking pan. Combine sweetened condensed milk, egg and vanilla extract in medium bowl; beat until well combined. Stir in 1 cup coconut, nuts and ½ cup Swirled Morsels. Spread mixture evenly over base; sprinkle with *remaining* coconut and Swirled Morsels. Lightly press down morsels. **BAKE** for 30 to 32 minutes or until center is almost set. Center will firm when cool. Cool in pan on wire rack. Cut into bars.

Nestlé TOLL HOUSE



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Page 97: Bowls and platters, Pot Luck Studios: www.potluckstudios.com. Linens, Pine Cone Hill, www.pinecone hill.com. Beaded garland on chandelier, Seasons of Cannon Falls. Page 98: Garland and glitter sunbursts, Martha Stewart Everyday. Mini frames, IKEA, 800-434-4532 or www.ikea.com. Page 102: Plaid blanket made into stocking, IKEA. Great Gifts For $30 and Less Page 108: For Her: Brooches, Stephan & Co.; for info, call 212-481-3888. Tweed wristlet bag, Liz Claiborne Accessories, 800-555-9838 or www.lizclaiborne.com. Hot Dog pajama set, HUE, available at select Nordstrom stores, 888-282-6900. Pink boots, Target, www.target.com. Isaac Mizrahi sweater and glove set, Target. Sonic Kasick deluxe travel brush set, Target. Page 110: For Him: 8-X crew sock set, HUE, available at select Macy's. 10-piece Multi-Tool, Jeep, www.jeep.com. Xpress trivia game by HBO, www.amazon.com. Racer: Series watches, Glaces with red 40.80.3 X, black with yellow 40.80.59. Aeroracer, available at JC Penney, 800-222-6161. 440 Sports Extreme watch, Timex, www.timex.com. Deluxe grooming kit, Tweezerman, www.tweezerman.com. Camel ribbed v-neck sweater, Old Navy, www.oldnavy.com. Page 112: For Foodies: Chef's Secret Tomato Chutney, Quark Books, 800-722-6657 or www.chefsecret.com. Apricot Box, Hurd Orchards, 585-638-8838. PopOut peeler, Chef'n, www.chefn.com. Trendier gift box, Beth's Farm Kitchen: 800-331-[illegible] www.bethsfarmkitchen.com. Alpenglow Sculpin Sparkling Cider: www.alpenglow.net. Banfi 2003 Rosegale: 212-759-5857 or www.beekmanliquors.com. Bread Cellars Napa Valley 2003 Sauvignon, www.cakebread.com. Good Wives Hors D'oeuvres, able in specialty grocery stores nationwide; www.goodwives.com. William Poll Gourmet Foods, available in specialty grocery stores nationwide; www.williampoll.com selections. Broadbent's B&B Foods: 800-841-2[illegible] www.broadbenthams.com. Art Bars from Ithaca Chocolates, 607-327-0173 or www.ithacafinechocolate.com. Page 114: For Baby: Ready Set Learn! Pazoing Set, www.discoverystore.com. Classical Combo Giraffe Violin, Baby Einstein: mass and specialty [illegible] or www.babyeinstein.com. PowerTouch Baby, Fisher-Price: major toy retailers. Toys "R" Us, Wal-Mart, & Tug Discovery Book, LeapFrog: Wal-Mart, Target, "R" Us. Cupcake T-shirt, Kee-Ka: 718-302-9665 or www.keekababy.com. Wonderful World Play Set, UNICEF: 800-553-1200 or www.unicefusa.org. Page 116: For Nickelodeon *SpongeBob SquarePants* Krabby Patty Set, Wild Planet: Toys "R" Us. *The Polar Express*, Houghton Mifflin. *Unwitting Wisdom: An Anthology of Aesop's*, Chronicle Books, and *The Emperor's New Clothes*, Chronicle Books: available at major bookstores. Block-O-Dile, www.lego.com. Off The Map Explorer's Gloves, Wild Planet: www.wildplanet.com. Snowman in a Box kit, Running Press: available through Fred Flare, 718-599-9200 www.fredflare.com. Clocks, Olive Kids: 877-636-5437 www.olivekids.com. Page 117: For Teens: Mall Madness, Hasbro: available at major toy and game retailers. Blenders, Wild Planet: available at Target. Turquoise shearling hobo bag, Old Navy. Emerson Portable radio CD player model #PD6810: www.walmart.com. Wooden Shoe Wanna Paint These?, The Bead Shop: www.backtobasicstoys.com. Quad Camera, available at Z Gallerie: 800-358-8288 or www.zgallerie.com. Cards available on www.amazon.com. Page 118: For the Pet: Grooming starter kit, Spa Dog Botanicals: 866-772-[illegible] or www.spadogbotanicals.com. Bon Ton doggie pedicure kit, available at Container Store, 888-266-8241 www.containerstore.com. Sparkle bone collars and leashes, New York Dog: 646-486-1331. Bribery Bites, thedog8it!: www.thedog8it.com or www.amazon.com. Bone pillows, available at Anthropologie: 800-309-2500 www.anthropologie.com. The Joys of Christmas Dinner Page 122: Iron doves on mantel and raspberry candlesticks on table, Anthropologie: 800-309-2500 www.anthropologie.com. Geometric candlesticks, Calvin Klein Home: 800-294-7978. Ficielle tablecloth, Cafetière: 646-486-0667. Top on model, DKNY: www.dkny.com. Page 123: Charger plate, Jasper Conran at Wedgwood: 800-955-1500. Page 124: clockwise from left: Champagne flutes by Ingegerd Raman and Amethyst tumblers by Keith Morano, both for Moma Design Store, 800-447-MOMA or www.momastore.org. On model, clockwise from left, top: H&M: www.hm.com. Sweater, Nautica, www.nautica.com. Top, H&M. Necklace, Isabel Marant for Ben-Amun: 212-944-6480 or www.benamun.com. Perles flatware, Christofle: www.christofle.com. Golden Madrid dishes, Wedgwood. Page [illegible] On models, child's jumper, Old Navy: 800-OLD-NAVY or www.oldnavy.com. Tank and cardigan, Zanella; [illegible] ZANELLA. Page 134: Follement cup and saucer in pink, Christian Lacroix Arts de Table: www.christofle.com. Page 136: On models (from left): Swea[illegible] Zanella. Pants, Tahari: www.elietahari.com. Top, H&M. Skirt, City DKNY. Turtleneck, United Colors of Benetton, 800-535-4491 or www.benetton.com. Jacket, pants, Hickey Freeman: www.hickeyfreeman.com. Heavenly Cookies Page 138: Bowls, La Cafetière. Favonve holders, The Terrence Conran Shop: 212-755-[illegible] or www.conran.com. Pink ribbon, Paper Presentation, 800-727-3701 or www.paperpresentation.com. Page 1[illegible] Hand-knit bag, Kristin Nicholas: www.kristinnicholas.com. Page 140: clockwise from top left: Wooden s[illegible] box, Pear, River Mart: 800-878-2446 or www.p[illegible] river.com. Espresso cup, Anthropologie. Silver tag, P[illegible] Presentation. Red raffia, Kate's Paperie: www.katespaperie.com. Clear bag, The Container Store: 888-266-8[illegible] or www.containerstore.com. Round hand tag, Steve[illegible] Paper: 212-843-4222. Red envelope, Paper Presentation. Red gingham ribbon, Kate's Paperie. Tin sugar sha[illegible] Gracious Home: 212-366-4200. Gift box (painted w[illegible] fuchsia spray paint), Paper Presentation. Floral wrapping paper, The Container Store. Egg coddler, Gracious Home. Ornament, Anthropologie.

Advertisement

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day, millions of children in developing countries are suffering with cleft lip and palate. ndemned to a lifetime of malnutrition, shame and isolation.
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IMPORTANT PUBLIC HEALTH INFORMATION REGARDING CLEFT LIP & PALATE

What Is Cleft Lip And Cleft Palate? A cleft is a separation [illegible] Clefts that occur [illegible] often involve the lip [illegible] the mouth (hard palate) or the [illegible] the back of the mouth (soft palate). [illegible] types of clefts: cleft lip, cleft lip/palate and isolated cleft palate. Babies with cleft lip/palate have a cleft in which tissue is attached to cleft palate. An isolated cleft palate, the cleft extends only itself without cleft lip and other malformations. The lip or the roof of the mouth palate together fail to close in approximately 1 in every 700 babies born. Cleft palate occurs alone less often, appearing in approximately 1 in 2,000 babies.

What Causes Cleft Lip/Palate? The causes of cleft lip/palate are not well understood. Studies suggest that a number of genes, as well as environmental factors, such as drugs including several different anticonvulsant drugs, infections, maternal diabetes, maternal smoking and alcohol use and, possibly, deficiency of the B vitamin folic acid may be involved.

Can Oral-Facial Clefts Be Prevented? While little is known about how to prevent oral-facial clefts, studies suggest that taking multivitamins containing folic acid before conception and during the first two months of pregnancy may help prevent cleft lip/palate and isolated cleft palate. Other studies have shown that fetuses with certain predisposing genes may be at increased risk for isolated cleft palate if their mothers smoke.

Women who are planning pregnancy or who are pregnant should avoid alcohol, which also can cause a number of mental and physical birth defects. Because some types of medications used, such as some drugs used to treat epilepsy, have been linked to increased risk of cleft lip/palate, women who take medications for chronic illnesses should check with their doctors before they become pregnant. They should not, however, discontinue their medication without discussion with their physician. All pregnant women should use only medications prescribed by a physician who knows of the pregnancy, and get early and regular prenatal care, beginning with a pre-pregnancy visit. Families with a history of cleft lip/palate, isolated cleft palate or any other condition of which cleft lip is a part may wish to discuss the chances of recurrence with a genetic counselor.

Can Oral-Facial Clefts Be Repaired? Surgery often is used to correct cleft lip/palate and isolated cleft palate. The number and type of surgeries depend on a number of factors, including the preference of the surgeon, the health of the baby and the nature of the cleft.

Other Sources Of Information On Cleft Lip And Palate. In addition to this [illegible] information, we have ten [illegible] thousands of pages of [illegible] regarding cleft related medical [illegible] content, news articles and stories, important cleft resources for patients, their families, and cleft medical professionals, medical students and leading [illegible] organizations around the world. For [illegible] one of the largest cleft lip and palate [illegible] and the world's largest cleft website: **www.smiletrain.org** or call us at **1-877-Kid-Smile.**



WHAT WOULD
LIFE BE
WITHOUT PLAY?

—Diane Ackerman

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